

RISK-TAKING AND DECISION-MAKING
IN TEENAGE PREGNANCY

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DECLARATION

I hereby declare that I have composed this thesis and
that it is my own work.

ABSTRACT

In recent years between 7500 and 8000 unmarried Scottish teenagers have become pregnant annually; this amounts to approximately 80 per cent of all pregnancies to girls aged nineteen years or less.

Of these pregnancies approximately a third resulted in abortion, over a third in an illegitimate birth, and less than a third in a legitimate birth, the mother having married between the time of conception and the birth of the baby.

A great deal of concern has been expressed about the number of teenage pregnancies which are both unplanned and unwanted, and strategies for preventing such conceptions have been sought.

This thesis has collected, by means of semi-structured in-depth interviews, a wide range of information about the background to these teenage pregnancies, the risk-taking involved and about the decision-making processes concerning their chosen outcome. The teenagers were also asked questions about their sexual career, the use of contraception, the intention regarding pregnancy, the reaction to the pregnancy, and attitudes to the choice of outcome.

Equal numbers of girls were interviewed from each of the three categories, those who had an illegitimate birth,

those who had a legitimate birth, including both postmarital and premarital conceptions, and those who had a termination, in order to compare similarities and differences between the different outcome groups.

A considerable proportion of the pregnancies were planned, but many were not. It would seem that some of the girls were not aware of the risk of pregnancy, but others were prepared to risk becoming pregnant, rather than to seek and to use contraception. For them the costs of contraception outweighed the costs of conception. However, the majority of these teenagers could in no way be described as being promiscuous, and the pregnancy occurred within an ongoing relationship. Many of the teenagers did not view their unplanned pregnancy as a problem, but some did, and had their pregnancy terminated.

It is no easy task to help young people to avoid an unplanned pregnancy. But, if many of the problems which may be associated with an unintended pregnancy are to be avoided, then it would seem that every effort must be made to listen to teenagers so that education about sexuality, and services which allow for easy access to contraception, which will be perceived by them to be appropriate can be provided.

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CHAPTER 1

STATEMENT OF THE PROBLEM

The main cause for concern regarding teenagers and their sexuality is not so much that young people are sexually active, but that more are having intercourse earlier, and because of this, more teenage girls become pregnant unintentionally.

According to Bury (1984b) in her comprehensive report "Teenage pregnancy in Britain", "on the basis of 1980 experience, of every 1,000 teenagers, approximately 200 would experience a recorded pregnancy by the age of 20 years", which means that, in theory, one in every five girls would have been pregnant as a teenager, and it can be assumed that a proportion of these pregnancies would be unwanted. She reports that, in Scotland, of these 200 pregnancies, 40 would have been conceived within marriage, of which only two would be terminated; however, of the 160 conceived outwith marriage, 107 would have the baby with half of the girls (54) marrying during the pregnancy, and half (53) having an illegitimate birth, whereas the remaining 53 would have an abortion. As Bury points out, this means, then, that, in 1980, of teenage pregnancies which were conceived extramaritally, a third (34%) were births which were legitimised by marriage, a third (33%) were illegitimate births, and a third (33%) were terminated.

In Scotland at the present moment one in ten live births is to a teenage girl.

Over the past fifteen years the percentage of live births to girls under the age of twenty as a proportion of births to women of all ages has been fairly constant, varying from 11.4 during 1970-74, and 11.3 during 1975-79, to 10.00 in 1980-84. In 1985 it was 9.8.

During this time, as the overall number of births to women of all ages decreased, so the births to teenagers also decreased. However, the overall pattern shows that, while there were fewer births, these were more likely to be illegitimate rather than legitimate births - during the period 1970-74 almost a quarter (2173 out of 9037, or 24%) of teenage births were illegitimate, as were almost two-fifths (2274 out of 8399, or 39%) in the period 1975-79, but by 1980-84 almost half (2995 out of 6703, or 45%) were illegitimate births. In Scotland in 1985 there were 6518 live births to teenage mothers, of which three-fifths (3879, or 60%) were illegitimate; this represents a rate of 30.9 live births per 1000 women aged 15-19, this figure being made up of a rate of 324.2 legitimate live births per 1000 married women aged 16-19, and 19.1 illegitimate live births per 1000 unmarried women aged 15-19 (Registrar General Scotland, 1985).

As can be seen then, while the proportion of births to teenagers remains largely unchanged, it is now much more common for the girl not to be married, or to get married

because of the pregnancy.

Over the same fifteen year period the abortion rates for teenagers have increased fourfold per 1000 women aged 16-19, rising from 3.9 in 1969, to 9.6 in 1974, 11.3 in 1979 and 15.6 in 1984. Also the proportion of termination of pregnancies of teenagers in relation to all abortions, which was 16.9 in 1969, has risen fairly steadily to 26.1 in 1974, 27.4 in 1979, and 30.7 in 1984 (Scottish Health Statistics, 1984; Scottish Health Education Group/Social Demographic Group, 1985).

In Fife in 1984, 720 abortions were carried out - a rate per 1000 women aged 15-44 of 9.7, compared to the Scottish rate of 8.9. Of these abortions carried out in Fife, almost a third (236, or 33%) were to women up to 19 years of age, and of this figure over an eighth (32 out of 236, or 14%) were under sixteen years of age, and just less than seven-eighths (204 out of 236, or 86%) were between sixteen and nineteen years of age. This compares with a slightly lower national figure for this age range of 31% (3037 out of 9888), of whom a tenth (302 out of 3037, or 10%) were under sixteen years of age, and nine-tenths (2735 out of 3037, or 90%) were from sixteen to nineteen (Scottish Health Statistics, 1984).

Table 1.1.

Abortion statistics 1984

Age	Scotland	Fife
<16	302 (3%)	32 (4%)
<19	3037 (31%)	236 (33%)
Total (=100%)	9888	720

According to Bury (1984b):

"Although the earlier onset of maturity may have contributed to the earlier initiation of sexual intercourse, the main reason for the increase in sexual activity in teenagers seems to lie in cultural changes, some of which are interrelated."

These changes she suggests are "changes in attitudes" of the teenagers, and of adults, to premarital intercourse, by considering it to be morally less reprehensible; "changes in parental behaviour" whereby more opportunities present themselves for young people to meet without adult supervision; the "rising incidence of marital dissolution" which leads to fewer intact families and thus less parental supervision; the "lessening influence of religion" in that some studies had shown that those with religious affiliations were less likely to have premarital intercourse; the "influence of the media and advertising" in which sexual intercourse is presented as a glamorous and exciting aspect of adult behaviour; and "peer group pressure" which may cause teenagers to behave in a way in which they feel they must behave in order to be accepted by other young people who are important to them.

Teenage sexual activity is perceived by many people as a cause for concern, and there are, according to Crabbe (1978), many reasons why this concern is justified:

"the most difficult obstacle that any parent must face is coming to terms with their son's or daughter's sexual development; there is also the fear of increased opportunity to contract venereal disease; there is evidence that cancer of the cervix is more prevalent in women who started having sexual intercourse at an early age and who had frequent changes of partner when young".

The irrefutable evidence that a teenager has been sexually active is a pregnancy, and, for this reason, teenage pregnancy is seen as being central to the "problem", which is how the outcome of adolescent sexual behaviour is generally viewed. Bone (1978), for instance, says:

"public concern is rightly focussed on pregnancies among young unmarried girls".

This concern about the sexual behaviour is considerably greater in America since it has constituted a problem over a longer period of time (though it must be kept in mind, as Zelnik et al. (1981) assert, that one must be wary of "facile interpretations of variations in adolescent fertility rates among countries"). Certainly, according to Jones et al. (1985), the fertility and abortion rates among American teenagers are considerably higher than in other developed

countries. They compared the American rates with those in five other countries - Canada, England, France, the Netherlands and Sweden.

Table 1.2. Pregnancy rates per 1000 women
 by woman's age: 1981

Pregnancy rate	15-19
U.S. total	96
U.S. white	83
England/Wales	45
France	43
Canada	44
Sweden	35
Netherlands	14

(Jones et al., 1985)

Care therefore must be taken when comparing the extent of teenage pregnancy in different countries.

Fisher (1983) maintains:

"the problem of adolescent pregnancy is part of a global explosion that may threaten our planet with Malthusian disaster".

Furstenberg et al. (1981), however, are less alarmist, and suggest that the unease about births to teenage mothers has been:

"... largely provoked by moral concern regarding the fact that an increasing number of teenagers are failing to marry when pregnancy occurs."

However, it would seem that in most countries the main cause for concern is the ways in which a pregnancy affects the life chances of the mother and the baby (Furstenberg et al, 1981):

"the result is much human damage - to the plans and prospects of the young, to parents' hopes, to family relations, and many times to the innocent unintended products of adolescent passion."

Zelnik et al. (1981).

According to Menken (1981), the sequelae of teenage childbearing are disadvantages educationally, economically and socially. Phipps-Yonas (1980) elaborates on these points, citing failure to complete high school education, remaining less well educated, poor employment prognosis, poorly paid jobs, repeated pregnancies, pressure to marry, poor relationships between mother and baby, crisis within the girl's family, poverty, loneliness, isolation, loss of freedom, and the burden of familial responsibility, as possible consequences of adolescent pregnancy. As she says:

"... a significant number of teenage mothers are emotionally and intellectually illprepared for their maternal role and fare poorly in that regard."

Phipps-Yonas, however, points out that it is difficult to determine "the extent to which the negative outcomes reflect pre-existing individual differences between girls who give birth at an early age and those who delay childbearing."

Furstenberg (1981) also agrees with many of these findings, but states that a teenage pregnancy need not always be an unmitigated disaster for the teenager since some had been able to "repair the disorder created by an untimely pregnancy"; this they had done by marrying, or by resuming their education and achieving economic independence.

However, it is less than accurate to assume that the concern, which is widely expressed by adults, is necessarily shared by every unmarried teenager. Macintyre (1977) found in her study that there were three reactions once the pregnancy was known - these she describes as "crisis", "partial crisis" and "non-crisis". For the "non-crisis" women, who comprised 40% of the sample, the pregnancy, although unplanned, was seen as "natural and desirable", an attitude more often viewed as being appropriate for married, rather than young single women. Further, these attitudes were found twice as often among those under twenty as those twenty and over. As Macintyre points out, it is "wrong to assume that single women always consider pregnancy a problem."

Indeed, Murcott (1980) suggests that teenage pregnancy has been problematised by middle class moralists:

"Teenage pregnancy offends a morality which can identify children only by separating them from adults."

It is also naive to assume that all pregnancies to single women are unplanned. Bone (1978) and Zelnik et al. (1981) found that some girls said that their pregnancies, in fact, had been intended, while Cartwright (1976) reports that two-fifths (40%) of the first pregnancies to women who were teenagers were said to be intended, and, although it is not known what the marital status of these women was, it can be assumed that a proportion of them would be single. She further states that almost half (49%) of those who were pregnant in their teens reported that they were pleased when they first found out that they were pregnant - though one must, of course, be wary of post hoc explanations.

As far as premarital intercourse is concerned, it would seem that attitudes are changing. Schofield (1973) cites the group he studied as teenagers in 1964 and as young adults some seven years later: of the teenage men, 45% were in favour of sex before marriage compared to 24% of the women, whereas as young adults, 83% of the men and 88% of the women approved of premarital intercourse. The more recent study by Farrell (1978) found that most young people were in favour of sex before marriage - 60% of males and 37% of the females approved, with only 7% of males and 10% of females expressing disapproval. Two trends were apparent, then - firstly, that the older teenagers were more likely to say they approved of sex before marriage (56% of the 19

year olds compared to 38% of the 16 year olds) - this age difference in attitudes presumably accounting, at least in part, for Schofield's findings - and secondly, that working class children were more likely to say they approved than were middle class children. Farrell suggests that these trends can be explained "by a movement to greater congruence between attitudes and behaviour".

In Bone's (1978) survey of family planning services, the single women were asked who would not have premarital intercourse, and, whereas 68% of the sixteen and seventeen year old girls said they did "not reject" intercourse before marriage, 73% of eighteen and nineteen year olds said the same - (the comparable figures in the 1970 survey being 61% and 64%). Further, 66% and 72% of the daughters of nonmanual and manual workers respectively did "not reject" premarital intercourse.

Dunnell (1979), like Bone, found that 70% of the teenagers approved of sex before marriage. However, this approval is situation specific, and is not a blanket approval. The reasons given for such approval were: "to see if compatible with husband" (29%), "natural outcome of relationship" (7%), "current mores" (4%), "good experience" (8%), "only if marriage planned" (15%), "only if going steady" (11%), and "as long as use contraception" (6%); and of the 29% who disapproved,

Dunnell reports that the reasons were: "danger of pregnancy" (12%), "due to religion" (3%), "due to upbringing" (2%), "wrong to sleep around" (2%), "men like to marry virgins" (4%), and "no particular reason" (6%).

It would seem that Bone and Dunnell would agree with Farrell's statement:

"Young people's attitudes to sex before marriage are in line with what has been described as the "widespread" view in this country - approval in the context of a stable relationship and if care is taken to avoid unwanted pregnancy."

It is well known, however, that intention and action do not always turn out to be the same, so that some teenagers who say that they will not have intercourse before marriage will, for a wide variety of reasons, change their minds. Such expressions of intent are by their very nature hypothetical since they are divorced from the context in which any decision concerning premarital intercourse might have to be made.

Besides, questions about sexual experience, as Farrell points out, may be subject to inaccuracy. However, it does appear that over a third (37%) of the teenagers in her study had had intercourse before or by the age of sixteen, with 31% of males and 12% of females reporting that they had had their first sexual experience before their sixteenth birthday.

Dunnell's (1979) findings compare reasonably well with Farrell's (though it must be borne in mind that

Dunnell's figures are "minimum estimates derived indirectly from questions about the length and timing of premarital relationships"). Whereas Farrell found that 12% of girls had sexual intercourse before they were sixteen, Dunnell reports only half that number (6%), but when nineteen year olds were compared, Dunnell's findings were much closer to Farrell's (52% as opposed to 59%). Further, Bone (1985), as a consequence of her survey of family planning in Scotland in 1982, states that "about 60% of girls had had premarital sexual experience by the age of 20".

As a result of their investigations, Zabin et al. (1981) suggest that the earlier a girl has sexual intercourse, the more at risk she is of becoming pregnant:

"The data show that despite some adolescent subfecundity, which might be thought to protect younger sexually active teenagers, those who first have intercourse at age 15 or younger are nearly two times more likely to get pregnant in the first 1-6 months of sexual activity ... This is largely because those who first have intercourse at early ages are less likely to use contraception ..."

They go on to state that, within two years of the initiation of sexual activity, two-thirds of those who do not use contraception will have become pregnant, with a quarter becoming pregnant within the first month. They suggest that if contraception is used the risk of pregnancy is lessened, and that what risk there is therefore is spread over a longer period of time.

"The proportion of the risk which is experienced in

the first month of exposure is inversely related to the effectiveness of the method employed, so that a very high proportion of the risk to noncontraceptors is experienced on the first month after initiation of coitus."

Indeed, Zelnik and Kantner (1980) report that "only about one-tenth" of all sexually active teenagers used a medical method of contraception on the first occasion that they had intercourse, and that "there is a clear positive association between the age at which intercourse begins and the likelihood of adopting a medical method at initiation."

The younger the girl, then, the more likely she is not to use contraception, and therefore the greater the risk of her becoming pregnant.

Schofield (1976) points out that the connection between "the age of first intercourse and later promiscuity is not absolutely straightforward" ("promiscuity" he defines as having had intercourse with more than one person in the twelve months prior to interview). In his study, 28% of the promiscuous group had had intercourse by the age of eighteen, compared to 23% of the others, but the proportion who had already had more than one partner by that time was very similar (14% and 12% respectively). But, when comparing limited experience of sexual activity, 26% of the promiscuous came into this category compared to 40% of the others. The difference, according to Schofield, was in the nature of that activity, in that, although they were more active

sexually, they were not much more likely to have intercourse.

There are differences between boys and girls as far as the age of their initiation into sexual activity is concerned. Farrell reports that almost a third of the boys said they had had intercourse before the age of sixteen, whereas considerably less than a sixth of the girls reported having been sexually active by that age. Antonovsky's (1980) findings were in agreement:

"boys tend to begin all stages of sexual activity, except perhaps kissing, at a younger age than girls".

Farrell also states that for boys the emotional involvement is not usually as great as it is for girls:

"no matter how permissive girls are ... they confine their sexual experience to the framework of an intense emotional experience".

However, Perkins et al. (1978) suggest that a great deal of sexual activity is "for reasons other than sexual curiosity, physical or erotic pleasure, or as part of an intimate relationship", and that such activity, which may or may not lead to pregnancy, is a desire for peer approval, a reaction to overpermissive or overprotective parents, a part of selfdestructive behaviour, to achieve physical and emotional closeness, to have a baby to love, to escape from an intolerable situation at home, or to act out the unconscious wishes of the parents, and that occasionally a pregnancy may result from "true ignorance of the facts of conception".

There is a great deal of evidence to support the belief that, while teenagers are sexually active, they do not use contraception, or they do not use it effectively (Dunnell 1979; Farrell 1978; Schofield 1976).

Farrell reports that, on the first occasion of intercourse, considerably less than half (45%) of the teenagers in her study stated that they used contraception, and a large proportion of that group had used nonmedical methods, which tend to be less reliable.

Further, Dunnell found that just under 10% of sexually experienced single women aged 16-19 (ranging from 12% of the sixteen year olds to 6% of the nineteen year olds) had never used any method of contraception, while, of the sexually experienced young people in Farrell's study, 11% of the sixteen year old boys and girls, and 6% of the nineteen year old males and 4% of the nineteen year old females had never used any method of contraception.

But, as Farrell points out:

"Although these figures give a fairly favourable picture of sexually active teenagers taking action to avoid pregnancy, it is necessary to consider the risks they take if they use less reliable methods or if they use birth control haphazardly. We know that 8% of them never used any method, that 4% used only withdrawal and a further 1% used the safe period.

This means that a total of 15% of the boys and 11% of the girls used no method or had used methods with a high chance of failure."

She concludes that the majority of sexually active young

people have used contraception, but that only a third said they had done so on every occasion of intercourse, and that "at least half of them are exposing themselves or their partners to the risk of pregnancy at some point in their sexual careers".

There are, according to Zelnik et al. (1981) "myriad reasons" why sexually active young women do not use contraception. Some of the reasons they suggest are - fears, justified or otherwise, of the side effects of the pill; belief that they are unable to become pregnant, whether because they think they are too young or because of infrequency of intercourse; moral or religious objections to the use of contraception on the part of the girl or her partner; lack of knowledge about the fertile period of the menstrual cycle; belief that contraception destroys the enjoyment of intercourse, ruins the romance of the relationship or affects the spontaneity of lovemaking. Also some teenagers have intercourse unexpectedly and so are unprepared for it, while some have intercourse frequently but refuse to accept the fact and so are equally unprepared. Others simply find the obtaining of contraceptives, whether because of psychological, logistical, financial or social factors, impossible. Finally, there is the group, referred to earlier, who do not use contraception because they want to become pregnant.

As Sklar and Berkov (1974a) point out, one reason for wanting to become pregnant is the hope that the end result will be marriage. However, in their opinion, this outcome is less likely nowadays. The reason they suggest is:

".... with the development of female oriented contraceptives, contraceptive responsibility has increasingly shifted to the girl. Not only may the boy feel less obligation towards the girl if she becomes pregnant, but also there may be less pressure from the parents and the community to hold the boy responsible for the pregnancy."

As far as the attitudes of teenage males to contraception is concerned, Farrell (1978) found that, of the small group of sexually active teenagers who said that they had never used contraception, two-thirds were working class boys:

"It looks as if those who do not attempt to control their fertility are the younger working-class boys, who are not as likely to be involved on a stable relationship."

Of the boys who were sexually active, Farrell found that middle-class boys were much more likely to have always used contraception than working-class boys - 43% as compared to 25%. She further reports that there were no class differences in the method of contraception first used.

However, the younger boys were more likely than the older boys to say that they always used contraception

(42% of 16 year olds compared to 25% of 19 year olds).

As Farrell points out, though, this finding is not all it might seem:

"The fact that a third of all these boys used withdrawal as the first method is not as encouraging as it might be, and indicates room for improvement, but is better than their not using any method at all."

However, Spencer (1984) suggests a solution to the problem of nonuse of contraception among boys:

"An attempt should be made to get the boy to work out what having intercourse might mean to him as an individual, thus providing him with an opportunity to gain insight into the responsibilities of the male role."

In her survey of family planning services, Bone (1978) found that, of "single women at risk" - that is, "women who are fecund, neither pregnant nor attempting to conceive and who are exposed to intercourse" - 22% of 16-17 year olds and 32% of 18-19 year olds were "current users" of the family planning services, while 72% and 55% respectively were "never users". However, when asked about sources of contraceptive advice, 70% of the 16 and 17 year olds (and they were the least likely to know) knew of a local source.

It would seem, therefore, according to Bone, that:

"It is apparent that in 1975 non-use of the services by "single women at risk" can rarely have been due to ignorance of the location of services."

What reasons are given, then, for the non-use of these services?

Some are suggested in Bone's survey. Of those who had

never used the services, 39% of the teenagers felt that use of the clinic would be "embarrassing" and 36% felt it was "not the way to get sympathetic advice", whereas 49% thought that seeking advice from a GP would be "embarrassing" and 39% thought they would not get sympathetic advice from a GP. When asked what source they would prefer, over a third of the under twenties who were "never users at risk" chose a clinic for the unmarried. As Bone states:

"the way of reconciling the requirements of the predominantly teenage "never users at risk" ... is through the provision of additional clinics for the unmarried, designed particularly for the young.'

This reluctance to use methods of contraception which require a medical consultation is also reported by Dunnell (1979) who found that the "easily available male methods" of withdrawal and the sheath were used by the majority of contracepting couples at the start of their sexual careers.

An important aspect of the non-use of contraception is the delay in seeking advice. As Allgeier (1983) puts it:

"most teens have sex first and seek contraceptive advice later."

This delay is also reported by Zabin et al. (1981), who state there is often a lag of a year or more between the first experience of intercourse and the seeking of advice from a clinic, and that the initial visit is often "precipitated by the suspicion of pregnancy".

Schofield (1974) suggests that this time lapse is one of the most common causes of unwanted pregnancy. The reason for the delay, he states, is the association many teenagers perceive between the contraceptive pill and promiscuity, and that somehow, by taking the pill, they will be exposed to moral danger. He goes on to suggest that every effort must be made to shorten the time between the first episode of sexual intercourse and the seeking of contraceptive advice. The aim of the clinics, he feels, must be to close the gap between the first sexual experience and the use of contraception. Luker (1975), in proposing a theory of contraceptive risk-taking, asserts that, rather than reaching their decision on the basis of incomplete or inaccurate information or through the making of irrational choices, women "weigh the actual costs of contraception against a discounted risk of pregnancy".

Luker, then, suggests that a woman weighs these costs of contraception against the disadvantages and benefits of pregnancy, and that she "must perceive contraception as costly before risk-taking takes place", and although Luker's study was not concerned with teenagers, there is no reason to believe that such a cost-benefit analysis does not apply equally to them.

There are three options open to the teenager who finds herself pregnant: she may continue with the pregnancy and have an illegitimate birth, or she may marry and

have a legitimate birth, or she may have an abortion. As a result of her study, Macintyre (1977) made the following observations - that those of "intermediate" class were most likely to marry; that there was a curvilinear relationship between legitimation and age, with the proportion marrying increasing with age; that those in the higher social classes were most likely to have an abortion, and also that those under 16 were most likely to have their pregnancy terminated; and that there was an inverse relationship between illegitimate births and social class.

In her study, Farrell (1978) reports that of those who said they had had a pregnancy, 28% had "chosen" abortion, 33% had "chosen" marriage and 20% had "chosen" illegitimacy. She further reports, though, that the majority of teenagers in her study expressed strong feelings about abortion, and that, "contrary to what might have been expected", a larger proportion disapproved than approved - 49% disapproved, while 38% said that on the whole they approved, with the remaining 13% having mixed feelings. She also found that girls from working class families, who are more likely to have unprotected intercourse and thus are more likely to be exposed to a need for an abortion, are more likely to disapprove.

Zelnik et al. (1981) also agree that many unmarried teenagers are opposed to abortion, but they go on to say:

"some who are not nevertheless would face overwhelming family opposition should they consider it; some may live in communities where abortion is not easily available; and some may not be able to afford it."

It is also the case that some girls who would like to have their pregnancy terminated have difficulty in arranging for a termination. As Simms and Smith (1982) indicate:

"An investigation carried out suggests that there may be more teenage mothers who, given the choice, would have wished to obtain an abortion rather than have a baby at such a young age."

In their study, twenty four (5%) of the girls said they had sought an abortion, and, whereas one had no intention of having an abortion, and eight had changed their minds, fifteen were told by doctors they were "too late", or were refused an abortion.

Luker (1975) suggests though, that there are many positive aspects to pregnancy for women:

"In order to understand the potential benefits assigned to pregnancy by risk-taking women, it is important to realise that pregnancy is more than a biological occurrence; it is an event of immense social significance. It connotes fertility, femininity, adulthood, independence, and a wide variety of other meanings. Thus the potential payoffs of a pregnancy include being able to take on the attributes and privileges which society assigns to pregnant women."

Further, according to Sklar and Berkov (1974b):

"Having a baby remains a rewarding experience, and for many young women, there is lack of viable and satisfying alternatives to motherhood."

Discussion

It would appear, then, that sexual activity in itself is not an issue that creates undue concern among parents and those who care about young people. It is the consequence of this activity - namely pregnancy - that has caused teenage pregnancy to be defined as a problem.

It is recognised that for many reasons youngsters are becoming sexually active at an earlier age. This is suggested to be due to the waxing and waning of a variety of factors, such as the increasing influence of the peer group and the media, and the lessening influence of parents and the family, and religion. Also, the changing attitude to premarital intercourse means that nowadays it is more acceptable than it used to be. Early intercourse, however, puts youngsters at increased risk of becoming pregnant, because, the younger teenagers are when intercourse first takes place, the less likely it is that effective contraception, if any, will be used. It is also known that the younger a sexually active teenager is, the more likely it is that contraception, if it is used at all, will be a nonmedical method which is used haphazardly. It is usually the older teenagers who use the more effective medical methods and use them efficiently. The result of these patterns of contraceptive use is that the older, more sexually experienced teenagers are less likely to become pregnant, but that, in reaching this

stage in their sexual careers, they may well have gone through a period of taking chances and therefore had been at risk of becoming pregnant.

However, the reasons why many young people do not use effective contraception are far from straightforward. Seldom is it due to ignorance of the subject. As Luker (1975) has shown, there are costs of contraception, and many young people find them too high. Among other considerations, the girl has to feel that she is likely to have intercourse frequently and is "at risk" of becoming pregnant. Also, she must be confident about acquiring the method of her choice, and she has to feel comfortable about using that particular method.

Many teenagers, therefore, run the risk of becoming pregnant, and by doing so they also are implicitly inviting motherhood. Most young people, especially working class youngsters, disapprove of abortion, and would not contemplate having a pregnancy terminated, should they conceive unintentionally. As was shown earlier in the chapter, only about a quarter of teenage pregnancies in Scotland end in abortions. Also, no longer is there a stigma of illegitimacy, and girls who are unmarried and find themselves pregnant do not now find that they are under pressure to legitimise the birth.

The main reason for particular concern by adults about

single teenager mothers is that it is felt that their life chances are considerably restricted. It is suggested that a combination of emotional, financial, social, and occupational problems will have a long-term effect on both the mother and child. It is also reported, though, that some teenage mothers cope well with having a baby and are not disadvantaged by it. Finally, although many teenagers are unhappy about finding themselves pregnant, a substantial proportion are pleased - so, while most adults see teenage pregnancy as a source of concern, many of the young people have a much more positive and optimistic view of their situation.

CHAPTER 2

METHODOLOGY

In the study of teenage pregnancy, two different methods have been used to collect data. Firstly, there have been the large scale national surveys such as those carried out by Bone (1985, 1978), Farrell (1978) and Dunnell (1979). These quantitative surveys have shown that questions about teenage pregnancy can be asked on a large scale, and they have demonstrated that potentially sensitive issues such as those concerning contraception and the first sexual experience can be raised successfully. Farrell (1978), for example, asked many such questions in her study.

The second method of investigation, which in recent years has complemented quantitative research, has concerned the use of the small scale qualitative study. The most influential of these studies have been the work of Luker (1975) and of Macintyre (1977) who opted to carry out their research in this way since they wished to generate rather than to test hypotheses. They were not satisfied that the large scale British and American studies, such as those of Zelnik and Kantner (1976, 1971), answered the most crucial questions relating to aspects of pregnancy. Further, they felt that it was important that they should carry out the interviews themselves.

These qualitative studies have provided perceptive

insights into this area of research.

Luker (1975), for example, originally decided to use a closed questionnaire in order to study therapeutic abortion as the primary means of birth control.

However, in the light of experience she decided that what was required was a pilot study whose objective was to identify rather than to test hypotheses. To this end she interviewed fifty women, using an in-depth semi-structured format, the interviews lasting, on average, an hour. Her research she states, was "aimed at rigorous hypothesis generating and eschewing description in favour of analysis", and the method which seemed to allow her to do this most effectively, she felt, was the "grounded theoretical" approach of Glaser and Strauss (1967), a method which allows the amending of interview schedules in the light of the data which emerges during the investigation. (Unfortunately Luker does not include in her book details of the interview group or her interview schedule with its amendments.) This "grounded theory" approach used by Luker is an example of the more innovative type of qualitative data-gathering methods, and it has much in common with the "focused interview" of Merton and Kendall (1946); these methodologies, though, have come under attack because it is said they lack reliability and validity, and their findings are not replicable with larger populations.

However, much valuable information has been gathered

from such studies. Luker, for instance, advances a most interesting and persuasive theory. She rejects the notion that those who had become pregnant were "contraceptively ignorant", since the majority of women had "a repertoire of contraceptive skills". Instead, she argues that each individual has her own perception of the costs of contraception and the benefits of pregnancy, and that these subjective costs and benefits are weighed up when a decision is being made as to whether to use contraception or not.

According to Luker:

"Risk-taking, like most human behavior, can only be understood in the social context in which it occurs."

As with Luker, Macintyre (1977) takes a symbolic interactionist perspective, and affirms that it is essential to have regard to the meanings which those involved attribute to the situation in which they operate:

"it is a person's subjective perceptions of his circumstances, which are crucial for social action. I have therefore attempted to elicit the actors' definition of the situation ..., and the subjective meanings to the actors involved of events, relationships, outcomes and circumstances."

Macintyre therefore chose to interview a small number of single women, of whom two-thirds were teenagers, using what she called a "career study approach", not only because it focuses in on the woman's definition of the situation, but also because it takes account of "the

order of events and perceptions and their timing, and the stages at which various career contingencies are important or unimportant." For Macintyre it was essential that these women should be able to describe their life experience in their own words using their own language in order that they could recreate the world as they saw it.

Having considered the range of methods used in sociological research, it was decided that the most appropriate methodology to achieve the objective of this study - namely, to focus on the teenager's subjective definition of the experiences surrounding her pregnancy and its outcome - was a small scale qualitative study. Because it was intended, as with Luker and Macintyre, to generate rather than to test hypotheses the data should be gathered by means of a semi-structured in-depth interview.

This methodology had many advantages; firstly, it would encourage the interviewee to reply as she wished, giving not only anticipated, but also unanticipated responses; secondly, it would make it possible for the teenagers, many of whom would be unused to talking openly about matters of some intimacy, to feel comfortable about expressing feelings and opinions since they would provide their own frame of reference; thirdly, it would allow the interviewer some latitude in terms of the ordering of questions if this was felt to be necessary;

fourthly, it would permit further probing of particular questions if it was thought this was desirable; lastly, it would enable the addition or amendment of questions in the interview guide.

Having reviewed the relevant literature on teenage pregnancy and its outcomes, and the use of contraception and on sex education, an interview guide was drawn up (see Appendix A).

A formal approach was then made to Dr Ian Duthie, then senior consultant in Obstetrics and Gynaecology with Fife Health Board - an informal contact having already been made - for permission to interview teenagers who were in Forth Park Hospital, Kirkcaldy, to give birth, or were in the Victoria Infirmary for a termination. The interview schedule was discussed with Dr Duthie and was amended in light of these discussions.

Mrs Brown, the Director of Nursing Services (Midwifery) based at Forth Park, was also contacted, and the interviews were carried out with her help. It was made very clear that, while welcoming the research, it could not interfere with the work of the nursing staff, and this was always borne very much in mind. Also, it was realised that the cooperation of the staff was essential since they could either make or mar the interviews.

Thus, at the start of the interviewing in December 1984 a considerable amount of time was spent briefing staff as to the nature and purpose of the interviews.

Happily, at no time were the staff in either Forth Park or the Victoria anything other than helpful, and in most cases the staff could not have been more cooperative.

Initially the intention was to interview three groups of teenagers in order to compare and contrast their beliefs, attitudes, values and behaviour concerning the pregnancy and its outcome. It was proposed that ninety teenagers should be interviewed - thirty who had had an illegitimate birth, thirty who had had a premarital conception, and thirty who had had a pregnancy terminated. However, it was quickly realised that, in order to achieve a comprehensive overview of teenage pregnancy in Fife, a fourth group, namely teenagers who had had postmarital conceptions, had to be included in the study. It was decided, therefore, to amend the third category from "premarital conceptions" only to that of "legitimate births" which would comprise an equal number of premarital and postmarital pregnancies.

Because of the logistical difficulties in gaining access retrospectively to the subjects, especially those who had had terminations, it was arranged that the interviews should be carried out in hospital. Since a number of the girls who had had their pregnancy terminated had not told their family about the

pregnancy, it would have been impossible to approach these girls outwith the hospital setting. This meant, however, that those who had had terminations were interviewed on the evening of the day the abortion was carried out. Prior to the start of the interviews, reservations were felt about asking girls who had just had a termination to discuss their feelings so soon after the operation, but this proved not to present any major problems - in fact many of the girls declared that they were very pleased to have the opportunity to talk about what had happened.

There were also advantages for the mothers. The girls could be interviewed in hospital without interruption, and, should the baby need attention, one of the nurses would provide it. Also, because interviews were held in a room away from others, the girl felt that she could speak with complete freedom without fear of interruption or of being overheard.

The interviews took place between December 1984 and May 1985, and all the interviews were carried out by the present author. Those who had had babies were interviewed at Forth Park Hospital on Tuesdays and Thursdays between 1600 and 1900, that is between the afternoon and evening visiting hours. It was not possible for the interviewer to get away from work more often in order to complete the interviews, but it was felt that visiting Forth Park on these two days made it

possible to interview at least two-thirds of all the teenagers who had had babies there during that period of time.

Those who had had terminations were interviewed in the Day Bed Ward at the Victoria Hospital on Tuesday evenings after 1900. These interviews took place at this time because abortions were carried out only on Tuesdays. It was estimated that at least of three-quarters of the teenagers who had had terminations over this time were interviewed.

On each interview day the senior nurse on duty, either in Ward 2 or Ward 3 at Forth Park, or in the Day Bed Area of the Victoria, was contacted, and consulted as to whether there were any teenagers in the ward. If so, the girls were approached by the nurse to see if they were willing to be interviewed. If they agreed, in Forth Park an empty room, either a single room or the Health Visitor's room, was used; in the Victoria an empty small side ward immediately off the main ward was utilised.

Since the cooperation of the staff was essential, it was important that time should always be taken to talk both to old and new staff to explain what the interviews were about and to answer their questions. This proved not to be a chore, but to be an opportunity to exchange views on teenager mothers and to elicit the perceptions of the staff.

On only two occasions were the wards visited as usual and was there no teenager to interview.

Interviews lasted from just under half an hour to well over an hour, with the average interview taking some forty five minutes. Each interview was tape recorded. It was not often possible to have an interview lasting much more than an hour, especially at Forth Park, because the afternoon visiting hour ended at 1600, the mothers had tea around 1700, and the evening visiting hour began at 1900. However, there were some occasions when the girl wished to continue with the interview for considerably longer than an hour. Also, there were occasional interruptions because babies needed attention, or because the mother required treatment. However these interruptions caused minimal problems. Usually it was possible to carry out two interviews at each interview session whether at Forth Park or at the Victoria.

The interviews having been recorded were then transcribed. The transcriptions were made verbatim to reflect not only exactly what was said, but also the way in which it was said. This caused quite a few problems because many of the girls had a strong Fife accent, and many used dialect. However, at no time was any attempt made to anglicise anything that was said, firstly because this would have involved interpretation, and

secondly, because there would have been a loss of precise meaning of the rich language used. Thus the transcript would have been inaccurate, as well as being unacceptably condescending.

A difficulty was encountered in deciding how to describe those aged fourteen to nineteen in the group studied. Unlike Zelnik et al. (1981) who chose to use "young women" because it was:

"less elastic and more neutral than "girls", less precise but also less pretentious than "females aged 15 through 19," and a better fit than "adolescents" or "teenagers"."

it was decided to use the words "girls" or "teenagers" since these were felt to be terms which described in as value-free a way as possible those interviewed. It is therefore in no way intended to ascribe maturity, or lack of it, to any of the respondents.

CHAPTER 3

THE SOCIODEMOGRAPHIC CHARACTERISTICS OF THE TEENAGERS

In this study a total of 103 teenagers were approached with a request for interview. Of this number, 94 girls (91%) agreed to be interviewed, while nine others (9%), three girls who had had terminations, and six who had had babies, refused.

With only one exception, a nineteen year old who was Irish, all the girls in the study were Scottish and were of Scottish origin.

Age:

The vast majority of the girls (90 out of 94, or 96%) were sixteen years of age or older at the time of the interview, with only a very small number (4, or 4%) being fifteen and younger, and so below the age of marriage in Scotland.

Over half (49, or 52%) of the girls were aged eighteen or nineteen (Table 3.1).

Table 3.1. The distribution of the study group
by age and percentage distribution

Age	Percent of Total
14	1
15	3
16	14
17	30
18	23
19	29
Total (=100%)	94

All those who had a legitimate birth were seventeen years of age or older, whereas less than three-quarters of those who had an illegitimate birth (23 out of 32, or 72%), and a similar proportion of those who had a termination (22 out of 31, or 71%) were aged seventeen or more. This means, therefore, that more than a quarter of the girls who had either a termination or an illegitimate birth were sixteen years of age or younger.

It must be kept in mind that such a range of ages creates problems in the analysis of the data, because, as Bury (1984b) points out:

"There is a world of difference in emotional and physical maturity between a 13 year old and a 19 year old and the implications of sexual activity and pregnancy for each of them are very different."

Although no-one as young as thirteen was interviewed, the study included one fourteen year old and three

fifteen year olds.

Outcome:

As Table 3.2 shows, of the ninety four teenagers, a third of the girls (31, or 33%) had a termination (Table 3.3), and for two-thirds (63, or 67%) of the girls the outcome was a birth - of which half (32) were illegitimate births (Table 3.4), and half (31) were legitimate births. Of these legitimate births, half (15) were conceived premaritally (Table 3.5), and half (16) were conceived postmaritally (Table 3.6). Two of the illegitimate babies, one whose mother was sixteen, and the other whose mother was nineteen, were to be adopted.

Table 3.2. Outcome of pregnancy:
 by percentage distribution

Outcome	Percent of total
Termination	33
Illegitimate birth	34
Premarital concep	16
Postmarital concep	17
Total (=100%)	94

The age distribution in each outcome group differed. The age range of those who had had a termination was from fifteen to nineteen, the median age being 17 years 11 months (Table 3.3), while for those who had had an

illegitimate birth the range was from fourteen - the fourteen year old being the youngest girl to be interviewed - to nineteen, and the median age was 17 years and 10 months (Table 3.4). However, the proportion of those who were aged seventeen or less was greater among those who had an abortion (58%) than those who had an illegitimate birth.

Table 3.3. Terminations: by age,
percentage distribution

Age	Percent of total
<17	29
17	29
>17	42
Total (=100%)	31

Table 3.4. Illegitimate births: by age,
percentage distribution

Age	Percent of total
<17	25
17	25
>17	50
Total (=100%)	32

Of those with a premarital conception, the modal group, just less than half (7 out of 15), were seventeen years

of age. Of those with a postmarital conception, the modal group (9 out of 16) was aged nineteen (Tables 3.5 and 3.6). However, the median age of those who had a premarital conception was 18 years 2 months, and for those who had a postmarital conception it was 19 years 3 months.

Table 3.5. Premarital conceptions: by age,
percentage distribution

Age	Percent of total
17	47
18	20
19	33
Total (=100%)	15

Table 3.6. Postmarital conceptions: by age,
percentage distribution

Age	Percent of total
17	25
18	19
19	56
Total (=100%)	16

Marital status:

As far as marital status was concerned, 62 (66%) of the

girls in the study were single and 32 (34%) were married, of whom two were separated from their husbands.

Of the single girls, while almost a third (18 out of 62, or 29%) said they had no regular boyfriend, three-fifths (38, or 61%) reported that they were "going steady", and a tenth (6, or 10%) were engaged (Table 3.7).

However, those who had a termination were more likely to say that they were "going steady" than those who had had an illegitimate birth (23 out of 31, or 74%, compared to 15 out of 32, or 47%), but while almost a sixth (5 out of 32, or 16%) of those who had an illegitimate birth claimed to be engaged, only one girl (out of 31, or 3%) who had an abortion said she was.

Table 3.7.

Marital status: by age,
percentage distribution

Marital status	<16	16	17	18	19	Total (=100%)
No regular boyfriend	6	39	33	11	11	18
"Going steady"	8	13	26	34	18	38
Engaged	-	17	17	17	50	6
Married	-	-	37	17	46	30
Separated	-	-	-	50	50	2
Total	4	14	30	23	29	94

Experience of pregnancy:

Of the ninety four cases, four-fifths (76 or 81%) were first pregnancies (Table 3.8), almost a fifth (16, or 18%) were second pregnancies (Table 3.9), and two (2%) were third pregnancies. Thus, almost a fifth (19%) of the girls in the Fife study had had a previous pregnancy.

From their study, Simms and Smith (1986) also noted that around a fifth (22%) of the girls had already been pregnant:

"Despite becoming mothers so young, a substantial minority have already been pregnant before."

All those under sixteen (4, or 100%) were pregnant for the first time, as was the case for all but one of the sixteen year olds (12 out of 13, or 92%). Also, over four-fifths of those who were seventeen (23 out of 28, or 82%) and eighteen (18 out of 22, or 82%) had not been pregnant before. However, more than a quarter (8 out of 27, or 30%) of the nineteen year olds had been pregnant on at least one previous occasion.

All the girls with a premarital conception were nulliparous, as were almost nine-tenths (27 out of 31, or 87%) of those who had a termination. A similar number (28 out of 32, or 88%) of those who had an illegitimate birth also were pregnant for the first time. But, only two-fifths (6 out of 16, or 38%) of those who had a postmarital conception had not been

pregnant before.

Table 3.8. First pregnancies: by outcome,
percentage distribution

Outcome	<16	16	17	18	19	Total
						(=100%)
Termination	7	22	33	26	11	27
Illegitimate birth	8	21	21	25	25	28
Premarital concep	-	-	47	20	33	15
Postmarital concep	-	-	17	17	67	6
Total	5	16	30	24	25	76

As has been stated already, a fifth of the girls in the study had been pregnant before. Of the second pregnancies, a quarter (4 out of 16, or 25%) were terminated, two of the girls having previously had an abortion and two having had an illegitimate birth. Almost a fifth (3, or 19%) were illegitimate births, two of the girls already having had an abortion and one an illegitimate birth. Over half (9, or 56%) were postmarital conceptions, of which three resulted in a miscarriage. Six went to term, of which three were premarital conceptions, and two were postmarital conceptions, while one was an illegitimate birth (Table 3.9).

Table 3.9.

Second pregnancies: by outcome
of first pregnancy

Outcome	Termination	Birth	Other	Total
Termination	2	2	-	4
Illegitimate birth	2	1	-	3
Postmarital concep	-	6	3	9
Total	4	9	3	16

The girls reporting a second pregnancy ranged in age from sixteen to nineteen, with the largest cluster (7 out of 16, or 44%) at age nineteen. A quarter (4, or 25%) were eighteen and seventeen respectively, and only one girl was sixteen (Table 3.10).

Table 3.10.

Second pregnancies:
by outcome and age

Outcome	16	17	18	19	Total
Termination	1	-	2	1	4
Illegitimate birth	-	2	-	1	3
Postmarital concep	-	2	2	5	9
Total	1	4	4	7	16

The vast majority (14 out of 16, or 88%) of the teenagers who had been pregnant for the second time came from working class families (Table 3.11). The remaining two girls who came from middle class families; in both

cases their first pregnancy had been terminated.

Table 3.11.

Second pregnancies:

by outcome and social status

Outcome	Middle class	Working class	Total
Termination	-	4	4
Illegitimate birth	2	1	3
Postmarital concep	-	9	9
Total	2	14	16

Only two girls, both from working class families, had had three pregnancies; one was seventeen and had a postmarital conception, while the other was nineteen and had an illegitimate birth. In both cases their first pregnancy had gone to term and their second pregnancy had miscarried.

In all, then, the girls in the study had had a total of 112 conceptions - an average of 1.2 pregnancies per girl - of which over four-fifths (91, or 81%) were extramarital conceptions and the remainder (21, or 19%) postmarital conceptions. Of these 91 extramarital conceptions, over a fifth (20, or 22%) were premarital conceptions, while two-fifths (36, or 40%) resulted in an illegitimate birth, and a slightly smaller number (35, or 38%) were terminated.

All but one girl whose pregnancy went to term had a single birth - the one exception was a nineteen year old, who had a legitimate birth, and had twins.

A tenth (7 out of 63, or 11%) of the girls whose pregnancy had gone to term had a baby who required special care. Of these girls, six had an illegitimate birth, and one a postmarital conception. Of those who had an illegitimate birth, five girls had a baby weighing less than 2500 grams, the smallest baby being 1871 grams, and two of these babies were reported as being born early, one, born six weeks early, weighed 2250 grams, the other, born seven weeks early, weighed 2466 grams. The sixth illegitimate baby, which had convulsions, was born to a fourteen year old, who had concealed her pregnancy.

The only baby whose mother had had a postmarital conception and required special care was born at thirty weeks and weighed 1389 grams.

As Simms and Smith (1986) report, teenage mothers are "more at risk of giving birth to vulnerable and "small-for-dates" babies for every period of gestation".

Religion:

Less than a fifth (18, or 19%) of the girls in the study

stated that they were a member of a religion: of those eight out of the eighteen, or 44%, said they were Roman Catholics, six, or 33%, stated they attended the Church of Scotland, and a few (4, or 22%) said they were affiliated to other religions.

Of the girls who said that they were members of a religion, only one girl (out of 8, or 13%) who said she was a Roman Catholic had a termination, compared to half (3 out of 6) of those who said they belonged to the Church of Scotland and half (2 out of 4) of those from other religious groups.

Table 3.12.

Religion: by outcome

Outcome	C of S	RC	Other	Total
Termination	3	1	2	6
Illegitimate birth	2	4	2	8
Premarital concep'n	1	2	-	3
Postmarital concep'n	-	1	-	1
Total	6	8	4	18

Of these eighteen girls, most did not go to church regularly. Only a sixth (3, or 17% of this group) said that they went to church at least once a week, with a further sixth reporting that they attended church about once a month. The remaining girls (8, or 44%) went to church once every few months or less. Just over a fifth (4, or 22%) of those who said they were of a particular religion did not go to church at all. It would seem,

then, that religion did not play a large part in the lives of most of these teenagers.

Schoolgirls:

Of the girls in the study, six (6%) said they were still at school. Five of these girls - two aged fifteen, two aged sixteen and one aged seventeen - had had terminations, and the sixth girl, aged fourteen, had concealed her pregnancy, and so had had an illegitimate birth. There was also a girl aged fifteen, who had had an illegitimate birth, and she maintained that she had left school.

In only two instances, that of the fourteen year old and of one of the sixteen year olds, was someone in a position of responsibility in the school aware of the pregnancy. In the case of the fourteen year old, she had been at school until some three weeks before the baby was born and was returning to school a month after the birth of the baby. In the second case, the girl had informed one of the senior members of staff, who was more concerned about the accuracy of the reason for her absence, rather than its implications.

As far as the fifteen year old who had left school was concerned, the headmaster had apparently given permission for her not to return to school after the summer holidays. When asked why she had not returned to school when her leaving date wasn't until the Christmas, she said her mother and her doctor had decided she

should not go back to school. She accepted this decision without question.

In these last two instances, the problems, whether educational or personal, already faced, and those yet to be confronted by the two girls, would seem to be perceived by senior promoted staff as not being a legitimate concern of the school.

The fourteen year old, who had an illegitimate birth, had no ambitions as far as getting O grades was concerned, but all five girls who had terminations either hoped to sit, were about to sit, or already had some O grades, and four out of the five hoped to sit Highers. One of the latter group already had two Highers, and hoped to get more.

As far as further training was concerned, only one girl maintained she was not interested in it. A second girl said that she would go on to College or University, but since she was fifteen she had not yet decided what to do. One sixteen year old wanted to work with children "in a place where children needed people", the other wanted to get secretarial training, and the seventeen year old, who was in sixth year, was already accepted for nursing.

It would appear, then, that those of school age who wanted to achieve academically were more likely to seek an abortion.

School-leavers:

All the girls who had premarital and postmarital conceptions had left school, as had well over nine-tenths (31 out of 32, or 97%) of the girls who had had an illegitimate birth, and four-fifths (26 out of 31, or 84%) of those who had had a termination. Over half (58%) had left school in fourth year, and a third (34%) in fifth year, with very few (5%) having stayed on until sixth year (Table 3.13).

Table 3.13. School leaving by pregnancy outcome:

	<u>year left school,</u>					
	<u>percentage distribution</u>					
Outcome	2	3	4	5	6	Total
						(=100%)
Termination	-	-	42	50	8	26
Illegitimate birth	-	3	71	26	-	31
Premarital concep'n	-	7	47	33	13	15
Postmarital concep'n	6	-	69	25	-	16
Total	1	2	58	34	5	88

More than three-quarters (77%) of those who had left school stated that they had been glad to leave school, with a further 17% reporting that they had had mixed feelings. Only five girls (out of 88, or 6%) said that they had been sorry to leave school.

The majority of the teenagers who had left school had

few academic qualifications. Over three-fifths (55 out of 88, or 63%) of the girls had less than three O grades.

However, there were differences in academic

qualifications between the different outcome groups.

Two-thirds of the girls (10 out of 15, or 66%) who had a premarital conception and over three-fifths (16 out of 26, or 62%) of those who had a termination had some educational qualifications. All of those who had an abortion had three or more O grades, as did over half (8 out of 15, or 53%) of those who had a premarital conception. But only just over a tenth (4 out of 31, or 13%) of those who had had an illegitimate birth had three or more O grades.

However, well over half of those who had an illegitimate birth (19 out of 31, or 61%) or a postmarital conception (9 out of 16, or 56%) had no educational qualifications at all (Table 3.14).

Table 3.14.

Outcome	<u>Number of O grades,</u> <u>percentage distribution</u>		
	<2/2	3/>3	Total (=100%)
Termination	38	62	26
Illegitimate birth	87	13	31
Premarital concep'n	46	54	15
Postmarital concep'n	69	21	16
Total	63	37	88

Just over a tenth (11 out of 88, or 13%) of those who had already left school had gone on to take Highers. Of these eleven, four girls (36%) had terminations and four (36%) had a premarital conception, two (18%) had a postmarital conception and one (9%) an illegitimate birth. Seven out of the eleven (64%) had either one or two Highers, three girls (27%) had three Highers (the minimum number required for University entrance), and one girl, a university student who had had a premarital conception, had five Highers.

Of those who had left school, almost two-fifths (34 out of 88, or 39%) had had no further training, and almost a half (41, or 47%) had been on an MSC scheme. Thirteen teenagers (15%), four who had premarital pregnancies, and three who had an illegitimate birth, three who had a postmarital conception and three who had terminations, had had some further training ranging from taking O

grades at a Further Education College to one girl who had been attending St Andrew's University.

Of those who had an illegitimate birth almost two-fifths (12, or 39%) had had no further training of any kind, compared to just over a quarter (7, or 27%) of those who had a termination, whereas there were similar numbers (10% and 12% respectively) who had had some form of training (Tables 3.15 (a) and (b)).

These differences in levels of training reflect the fact that it tends to be the low-achieving teenagers with limited aspirations, who, having become pregnant, often unintentionally, continue with the pregnancy, since, according to Bury (1986a):

"motherhood may seem at least as attractive as the other options open to them. They are often girls who have left school with no qualifications, who are unemployed and who have low self esteem in a society which places so much emphasis on qualifications and achievement."

Table 3.15 (a).

Further training: by age

Termination:

	16	17	18	19	Total
None	2	2	2	1	7
MSC	3	6	6	1	16
HND/HNC	-	-	-	1	1
Secretarial	-	-	1	-	1
Catering	-	-	-	1	1
Total	5	8	9	4	26

Table 3.15 (b).

Further training: by age

Illegitimate birth:

	<16	16	17	18	19	Total
None	1	2	5	2	2	12
MSC	-	4	2	5	5	16
Secretarial	-	-	-	-	2	2
Catering	-	-	1	-	-	1
Total	1	6	8	7	9	31

Amongst those who had had a legitimate birth, the girls who had a premarital conception were more likely to have had no further training than those whose pregnancy was a postmarital one (8, or 53% as opposed to 7, or 44%) (Tables 3.15 (c) and (d)). These figures, which are even higher than those in the above tables, may further indicate the lack of ambition and passivity displayed by many teenage mothers.

Table 3.15 (c). Further training: by age

Premarital conception:

	17	18	19	Total
None	6	2	-	8
MSC	1	1	1	3
O grades	-	-	1	1
Hairdressing	-	-	1	1
Catering	-	-	1	1
University	-	-	1	1
Total	7	3	5	15

Table 3.15 (d). Further training: by age

Postmarital conception:

	17	18	19	Total
None	3	1	3	7
MSC	1	1	4	6
Hairdressing	-	-	1	1
Secretarial	-	-	1	1
Catering	-	1	-	1
Total	4	3	9	16

Work:

Of the 88 girls who had left school, only a small percentage (11, or 13%) had not had any paid work since leaving school. Of this group almost half (5 out of 11, or 45%) were pregnant when they left school. Over a

quarter (3, or 27%) had been in further education, and one girl worked for her father and said that she had not been paid by him. This leaves only two girls (out of 88, or 2% of study group) who had left school but had never had a job of any kind.

However, many of the girls had been unemployed for some time, and the majority had had an unskilled job.

Only one girl, a nineteen year old who had had a postmarital conception, was self employed - she was a hairdresser who worked from home.

Over half (46 out of 88, or 52%) of the teenagers were blue collar workers, with the largest group (36 out of 88, or 41%) being unskilled workers, and only a small number (10, or 11%) being in skilled jobs. Almost a quarter (21, or 24%) were unemployed around the time they became pregnant, and a smaller number (13, or 15%) had been working on MSC schemes (Table 3.16).

Of those who had a termination, almost a third (8 out of 26, or 31%) had had an unskilled job, while the second largest group (6, or 23%) were unemployed. Less than a fifth (5, or 19%) had a white collar job.

None of the girls who had an illegitimate birth had a white collar job. Over a third (11 out of 31, or 35%) had an unskilled job, with only a small proportion (4, or 13%) having a skilled one. Just less than a third (10, or 32%) were unemployed.

More than half the girls (8 out of 15, or 53%) who had a premarital pregnancy had an unskilled job, with only a

quarter of that number (2, or 13%) having a skilled job.

A fifth (3, or 20%) of this group was unemployed.

As with the other outcome groups, the largest group among those who had a postmarital conception - more than half (9 out of 16, or 56%) - had an unskilled job. A small number (2, or 13%) had a blue collar skilled job, with the same number having a white collar job, or being unemployed.

Table 3.16.

Main job: by outcome,
percentage distribution

	Termin- ation	Illeg- itimate	Pre- marital	Post- marital	Total (=100%)
White collar	19	-	7	13	8
Blue collar					
- skilled	8	13	13	13	10
Blue collar					
- unskilled	31	35	53	56	36
Unemployed	23	32	20	13	21
Other	19	29	7	6	13
Total	30	35	17	18	88

Over two-thirds (57 out of 84, or 68%) of the girls had not been doing the sort of job they wanted to do, while just less than a sixth (13, or 15%) reported that they had been. A sixth (14, or 17%) were unsure as to whether they were in a job they would have chosen (Table 3.17). Ten girls were not working.

Table 3.17.

Planned job: by outcome,
percentage distribution

Outcome	Yes	No	Don't know	Total (=100%)
Termination	21	58	21	24
Illegitimate birth	17	60	23	30
Premarital concep'n	14	79	7	14
Postmarital concep'n	6	88	6	16
Total	15	68	17	84

Most of the girls were very realistic in their choice of the sort of job they would have liked to have - a considerable number said that they would like to have gone into nursing. Only a few gave an unrealistic choice - like one eighteen year old who wanted to work with dolphins, or a second eighteen year old who, although she had no qualifications, aspired to be an art teacher, and a third had no Highers but wanted to be a vet.

Several simply said that they just wanted a job.

Family background:

The majority of the girls in the study came from larger rather than smaller families, with the largest group (28%) having two siblings. Only four girls were only children. At the other extreme, two girls had seven

siblings. The average size of family of the girls in the study was 3.4 children. This is a rather lower figure than that of 4.4 children found in Simms and Smith's (1986) study, and, even when those who had terminations are excluded from the calculations in order to make a direct comparison possible, the average size of the families of the girls who had had babies in the study was 3.6 children. However, this figure is still considerably in excess of the average number of children in families.

The majority (55 out of 94, or 59%) of girls in the study came from families with both parents - this included over two-thirds (11 out of 16, or 69%) of those who had a postmarital conception, three-fifths (9 out of 15, or 60%) of those who had had a premarital conception, just under three-fifths (18 out of 31, or 58%) of those who had had a termination, and just over half (17 out of 32, or 53%) of those who had had an illegitimate birth.

Two-fifths (39 out of 94, or 41%) of the Fife teenagers, then, came from families where their parents, because of divorce, separation, or death of one parent, were no longer together. Simms and Smith (1986) report a lower figure; they state that "one-third (35%) of the teenage mothers in our sample came from a broken home".

However, when only those Fife teenagers who continued with their pregnancy are considered in order to draw a

comparison with the Simms and Smith study, the figure for those coming from a family where their parents were no longer together remains exactly the same, at 41% (26 out of 63).

Antonovsky (1980) suggests that the sexuality of young people cannot be understood unless the role of the family and the relationship between husband and wife are taken into consideration as influential aspects of socialisation. She states:

"These socialisation patterns in turn influence the coping styles of adolescents in meeting the challenges of the choices available to them in various areas of life, including the sexual."

When asked to assess the closeness of the family, the greatest number, over two-fifths (43%) of the girls, reported that their family was "close", just over a quarter (28%) said that their family was "very close", and the same number (29%) described their family as "not very close" (Table 3.18).

One girl had been in care and so was unable to answer this question.

Table 3.18. Perceived closeness of family: by outcome,
percentage distribution

Outcome	very close	close	not very close	Total (=100%)
Termination	26	39	35	31
Illegitimate birth	32	42	26	31
Premarital concep'n	13	67	20	15
Postmarital concep'n	38	31	31	16
Total	28	43	29	93

A smaller number - 66 as opposed to 93 - were able to respond to a question about the closeness of their parents, but, of those who did, a similar number (44%) reported that the relationship was "close" (Table 3.19).

However, in two instances, namely among those who had an illegitimate birth and a postmarital conception, the highest number of responses were for "very close" - 55% and 64% respectively. There were few who maintained that the relationship was "not very close" were very low - 10% in the case of those who had an illegitimate birth, and none for those who had a postmarital conception.

A rather different picture is found in the other outcome groups. Among those who had a termination a third (33%) reported that their parents were "not very close", and a similar picture emerged from those who had had a premarital conception, with more than a quarter (29%)

giving the same response.

Table 3.19. Perceived closeness of parents:

	<u>by outcome,</u>			
	<u>percentage distribution</u>			
Outcome	very close	close	not very close	Total (=100%)
Termination	19	48	33	21
Illegitimate birth	55	35	10	20
Premarital concep	14	57	29	14
Postmarital concep	64	36	-	11
Total	36	44	20	66

The majority, that is, over half (53 out of 94, or 56%) of the girls in the study, stayed at home with one or both parents, and almost a third (30, or 32%) had a home of their own, with the remainder (11, or 12%) living elsewhere - at their boyfriend's house (4), in rented accommodation (3), sharing with a friend (2), or elsewhere (2) (Table 3.20). The vast majority of girls who had a postmarital conception (14 out of 16, or 88%) had a home of their own, as had over half (8 out of 15, or 53%) of those who had a premarital conception. The remaining two girls who had a postmarital conception were sharing their parents home with their husband, as were a quarter (4, or 27%) of the girls who had a premarital conception. The three girls (20%) who had a

premarital conception and were not living in their own home or with their parents were, in two cases, living with relatives other than parents, and one girl, who was separated, was living in digs.

Only a quarter (8 out of 32, or 25%) of those who had an illegitimate birth, and a tiny proportion (2 out of 31, or 6%) of those who had had a termination had their own accommodation. However, two girls (6%) who had an abortion were living with their boyfriend, as was one girl who had an illegitimate birth.

Table 3.20. Place of residence: by outcome,
percentage distribution

Outcome	With parents	Own home	Other	Total (=100%)
Termination	77	6	16	31
Illegitimate birth	72	25	3	32
Premarital concep'n	27	53	20	15
Postmarital concep'n	13	88	-	16
Total	56	34	10	94

Of the 53 girls (out of 94, or 56%) who lived at home with a parent or parents, the majority, more than three-quarters (41, or 77%), said that they had a bedroom of their own, with the remainder sharing, usually with a sister.

More than three-quarters (76 out of 94, or 81%) of the girls in the study had fathers who normally were employed, with the remainder of the fathers being unavailable for work either through having retired or being declared medically unfit to work (10, or 11%), or having died (3, or 3%). Five girls (5%) came from one-parent families and said that they did not know whether their fathers worked or not (Table 3.21).

Of the fathers who were available for work, a third (26 out of 76, or 34%) had a white collar or a managerial job. This figure included almost a half (7 out of 15, or 47%) of those whose daughters had a postmarital conception, almost a third (8 out of 27, or 30%) of those whose daughters had a termination, and (7 out of 23, or 30%) of those who had an illegitimate birth, as well as over a third (4 out of 11, or 36%) of those whose daughters had a premarital conception.

Thirty six girls had a father who had a blue collar job - thirteen (out of 36, or 36%) of the girls had a termination, eleven (31%) had an illegitimate birth, six (17%) had a postmarital conception, and six (17%) had a postmarital conception.

Further, at the time of the interview, just over a sixth (14 out of 76, or 18%) of the fathers were unemployed. This number comprised a similar number, over a fifth, of the fathers (6 out of 27, or 22%) of girls who had a termination and of those (5 out of 23, or 22%) who had an illegitimate birth. A rather smaller proportion,

over an eighth (2 out of 15, or 13%) of the fathers of those who had a postmarital conception, and less than a tenth (1 out of 11, or 9%) of the fathers of those who had a premarital conception were unemployed.

Table 3.21. Father's occupational status:
by outcome,
percentage distribution

Outcome	White collar	Blue collar	Unempld	Total (=100%)
Termination	30	48	22	27
Illegitimate birth	30	48	22	23
Premarital concep	36	55	9	11
Postmarital concep	47	40	13	15
Total	34	47	18	76

It would seem, then, that the girls in the study were more likely to come from a working class family than a middle class one - the exception being those who had had a postmarital conception where the largest proportion, just under half (7 out of 15, or 47%), had fathers with white collar jobs.

Just under two thirds (59 out of 94, or 63%) of the girls in the study had a mother who was working outside the home, and only two mothers were reported to be unemployed (Table 3.22). Of the mothers who were employed three-quarters (45 out of 59, or 76%) had a

blue-collar job, of which the vast majority (38 out of 45, or 84%) had an unskilled job.

In over a third (33, or 35%) of the cases this question was not relevant, because either the mother was not usually employed outside the home, or she was unable to work through illness or disability, or because the girl did not know whether her mother had a job or not. The proportion of mothers in this category was constant in each outcome group at around a third.

Table 3.22. Mother's occupational status:
by outcome,

Outcome	<u>percentage distribution</u>		
	White collar	Blue collar	Total (=100%)
Termination	30	70	20
Illegitimate birth	11	89	18
Premarital concep'n	40	60	10
Postmarital concep'n	18	82	11
Total	24	76	59

The girl's partner:

With only two exceptions, the partners who had made the girls pregnant were Scottish and were of Scottish origin - the exceptions being one partner who was Irish, and one who was from Pakistan.

Just over two-fifths (39 out of 90, or 43%) of the young fathers were teenagers, while just over half (46 out of 90, or 51%) were aged between twenty and twenty five. The age distribution of the Fife sample is different to that of Simms and Smith (1986) who report that only a fifth of the fathers in their sample were teenagers, with two-thirds being between twenty and twenty five years of age.

The youngest fathers were fifteen years of age, while the oldest was thirty one, with four others being over twenty five years of age (Table 3.23).

The median age of the fathers was 20.3 years, while that of the girls was 18.1 years.

Four girls, two who had terminations, one aged sixteen and one eighteen, and two who had an illegitimate birth, one aged eighteen and one nineteen, did not know the age of their partner.

Table 3.23. Age of partner,
percentage distribution

Age	Percent of total
15	3
16	3
17	11
18	9
19	17
20	13
21	12
22	11
>22	20
Total (=100%)	90

The majority of the fathers - almost four-fifths (71 out of 90, or 79%) were older than their partner, with less than a tenth (8, or 9%) being younger, while over a tenth (11, or 12%) were the same age. The modal group, more than a fifth (19, or 21%) of partners, was three years older than the girl. Of the partners who were younger than the girl, five were one year younger, and three two years younger (Table 3.24).

Table 3.24.

Age difference between partners:
by outcome and girl's age,
percentage distribution

Outcome	<=	=	+1/+2	+3/+4	>4	Total
Termination	7	24	20	24	24	29
Illegitimate birth	17	7	23	33	20	30
Premarital concep'n	-	7	27	53	13	15
Postmarital concep'n	6	6	38	32	19	16
Total	9	12	25	33	20	90

As the Tables 3.25(a) and 3.25(b) below show, more than half (14 out of 26, or 54%) of the girls who had a termination had boyfriends who had a skilled blue collar job, whereas this category accounted for only a tenth (3 out of 29, or 10%) of the illegitimate group.

Conversely, almost two-fifths (11 out of 29, or 38%) of the partners of girls who had illegitimate births were unemployed, as opposed to just over a fifth (6 out of 26, or 23%) of those whose girlfriends had had a termination. Three girls who had an illegitimate birth and two girls who had a termination did not know what job their partner had, if any.

Further, three girls, all of whom had a termination, had partners who were still at school at the time of interview.

Table 3.25(a).

Partner's job: by age of girl

Termination:

	16/17	18/19	Total
White collar	1	1	2
Blue collar			
- skilled	8	6	14
Blue collar			
- unskilled	-	3	3
Unemployed	3	3	6
Other	1	-	1
Total	13	13	26

Table 3.25(b).

Partner's job: by age of girl

Illegitimate birth:

	<16	16/17	18/19	Total
Blue collar				
- skilled	-	2	1	3
Blue collar				
- unskilled	-	4	5	9
Unemployed	1	-	10	11
Other	1	5	-	6
Total	2	11	16	29

All of the husbands whose wife had had a premarital

conception were working class, with almost three-quarters (8 out of 11, or 53%) of those who were working having an unskilled job, and over a quarter (4 out of 15, or 27%) of the husbands being unemployed (Table 3.26(a)). However half (8 out of 16, or 50%) of the husbands whose wife had had a postmarital conception were unemployed, and, of those who were working, three-quarters (6 out of 8, or 75%) having an unskilled job (Table 3.26(b)).

Table 3.26(a). Husband's job: by age of girl

Premarital conception:

	17	18	19	Total
Blue collar				
- skilled	-	-	1	1
Blue collar				
- unskilled	5	2	1	8
Unemployed	1	1	2	4
Other	1	-	1	2
Total	7	3	5	15

Table 3.26(b).

Husband's job: by age of girl

Postmarital conception:

	17	18	19	Total
White collar	1	-	-	1
Blue collar				
- skilled	-	-	1	1
Blue collar				
- unskilled	1	1	4	6
Unemployed	2	2	4	8
Total	4	3	9	16

Discussion:

Age was a factor related to the outcome of the pregnancy. The younger the girl, the more likely she was to have a termination or an illegitimate birth, and the older she was, the more likely she was to have a legitimate birth, and, in particular, a postmarital conception. The lowest median ages were of those who had either a termination or an illegitimate birth was very similar - 17 years 11 months and 17 years 10 months respectively. The median age of those who had a premarital conception was slightly higher at 18 years 2 months, with that of the postmarital group being the highest of all at 19 years 3 months.

The nature of the relationship between the single girls and their partners did not seem to have a major

influence on the decision regarding the outcome of the pregnancy. Of the eighteen girls who said they had no regular boyfriend, almost two-thirds (11) went on to have the baby, and over a third (7) had the pregnancy terminated. Further, while less than half (15 out of 32, or 47%) of those who had an illegitimate birth said they were "going steady", almost three-quarters (23 out of 31, or 74%) of the girls who had an abortion claimed to have an on-going relationship. It would appear, then, that factors other than the duration and permanence of the relationship were of importance when it came to deciding what the outcome should be.

Religion seemed to have little influence on the attitudes and behaviour of these teenagers. Only a small proportion - less than a fifth - were prepared to admit to any religious affiliation, and only a fraction of those were regular churchgoers. Not surprisingly, though, because of the views of the Catholic Church, the girls who were Roman Catholics, who made up only a small proportion of the teenagers in the study, accounting for less than a tenth (8 out of 94, or 9%) of the total group, were much more likely to continue with the pregnancy than those who belonged to other religious persuasions.

Many researchers state that there are several important differences between those teenagers who have an abortion

and those who become mothers.

Simms and Smith (1986) report that:

"teenage mothers tend to come from large, working class families; ... Many have experienced a broken home. Their educational achievement tends to be low and much of the work they engage in tends to be low status ... Despite becoming mothers so young, a substantial minority have been pregnant before."

The evidence from the Fife study confirms these findings. Three-quarters of those whose pregnancies went to term had two or more siblings. Almost half (23 out of 47, or 49%) had fathers who had a blue collar job, and over a sixth (8 out of 47, or 17%) had fathers who were unemployed. Two-fifths (26 out of 63, or 41%) of the teenage mothers reported that they came from broken homes. The majority of these girls had been low achievers at school with over half (33 out of 62, or 53%) having left school with no qualifications, and only just over a quarter (17 out of 62, or 28%) having three or more grades. A large proportion (27 out of 63, or 43%) of these teenage mothers had had no further training having left school, and for a similar number (25 out of 63, or 40%) the only further training was by means of an M.S.C. (Manpower Services Commission) course. This means, therefore, that more than four-fifths had had little or no opportunity for the development of potential skills. This is reflected in their employment record. Well over half - indeed almost three-fifths - (36 out of 62, or 58%) of the girls had had a blue collar job, and just under a quarter (15 out

of 62, or 24%) were unemployed.

As far as the partners of the unmarried teenagers were concerned, the majority of the partners of girls who had a termination (14 out of 26, or 54%) had a skilled blue collar job, whereas among the partners of girls who had an illegitimate birth the largest group (11 out of 29, or 38%) had no job, and only a small proportion (3 out of 29, or 10%) had a skilled blue collar job. Of the husbands of those who had a premarital conception, over half (8 out of 15, or 53%) had an unskilled job, with a further quarter (4, or 27%) being unemployed, whereas half of the husbands of those who had a postmarital conception (8 out of 16, or 50%) were unemployed, and almost two-fifths (6, or 38%) had an unskilled job. Only one husband had a white collar job. Partners of those who had an abortion, then, were much more likely to have a white collar or skilled blue collar job than partners of those whose pregnancies went to term (62% compared to 10%).

A significant proportion, over a fifth (14 out of 63, or 22%), of those who had just had a baby had been pregnant on at least one previous occasion. Most of this group (10 out of the 14, or 71%) were girls who had a postmarital conception. This tendency for teenagers to have a second pregnancy after a short period of time makes their pre-existing problems, such as social isolation, financial hardship, lack of academic

achievement and poor employment opportunities, even harder to surmount.

It is usually accepted that those who have terminations tend to come from rather different social backgrounds to those whose pregnancies go to term (Bury, 1986a; Black, 1979; Macintyre, 1977). However, this particular finding was not reflected in the Fife study. Those who had a termination were not more likely to have a father who had a managerial or white collar job (8 out of 27, or 30%, as opposed to 37% among those who had not had an abortion). Further, they were only very marginally more likely to come from a smaller rather than a larger family - 58% had less than three siblings as opposed to 57% for those whose pregnancies went to term - and they were just as likely not to come from a broken home (18 out of 31, or 58% as opposed to 59%).

However, many researchers, including Bury (1986a) and Phipps-Yonas (1980), have found that teenagers who choose to terminate their pregnancies tend to have better academic records and higher educational and vocational goals than those whose pregnancies go to term.

The Fife study bore this out. As far as educational achievement was concerned, though, over two-thirds (21 out of 31, or 68%) of those who had had a termination either had or hoped to sit O grades, while less than a half (29 out of 63, or 46%) of those who had had a baby

either had or hoped to have O grades. Also, over a quarter (8 out of 31, or 26%) of those who had an abortion either had or anticipated getting Highers, compared to just over a tenth (9 out of 63, or 11%) of those who had not terminated their pregnancy. Further, girls who had a termination were almost four times more likely amongst those in employment to have a white collar or managerial job (5 out of 26, or 19%, as opposed to 5%).

Black (1979) comments about teenagers who have abortions:

"In general they appear more intelligent, outgoing and to have a greater personal ambition for the future."

It is also reported by some researchers that those who seek abortions were likely to have "less supportive families and poorer interfamilial relationships" (Phipps-Yonas, 1980; Black, 1979). A greater proportion - at least a third - of those who had had a termination stated that their family was "not very close", and that their parents were "not very close", than did those in the other outcome groups. Black (1979) suggests that "in choosing termination there is more striking evidence of poor family relationships particularly between mother and daughter".

However, those who had an abortion were more likely than any other group to be living with a parent or parents - less than a quarter (22%) were living elsewhere, whereas

rather more than a quarter (28%) of those who had an illegitimate birth were not living at home. The girls who had had abortions were less likely (4 out of 31, or 13%) to have had a previous pregnancy than those who had had a baby (14 out of 63, or 22%). However, since over half of those who had been pregnant before had a postmarital conception, this comparison may be misleading. Equally, if a comparison only with those who had an illegitimate birth and a premarital conception is made (4 out of 47, or 9%), this too is problematic, since none of those who had a premarital conception had had a previous pregnancy. But, if a comparison is made between those who had a termination and those who had an illegitimate birth, then an equal number (13%) in the two groups had experienced a pregnancy which was not their first.

It would seem, then, that one of the major differences in this study between those who had an abortion and those whose pregnancies went to term was that the girls who had a termination were higher achievers with greater aspirations as far as their future careers were concerned. Further, the partners of girls who had an abortion were much more likely to have a white collar or a skilled job than those whose pregnancy resulted in the birth of a baby.

CHAPTER 4

FIRST SEXUAL EXPERIENCE

The age at which intercourse first occurs can have an important bearing on the sexual career of a teenager.

As Zabin et al (1981) state:

"Early age at initiation of intercourse appears to be a key factor in explaining high risk of pregnancy.

The data show that despite some adolescent subfecundity, which might be thought to protect younger sexually active teenagers, those who first have intercourse at age 15 or younger are nearly two times more likely to get pregnant in the first 1-6 months of sexual activity than those who wait to have intercourse until they are 18 or 19."

When asked at what age they had their first experience of sexual intercourse, over a third of the girls (32, or 34%) in the study said they had had intercourse before their 16th birthday; one girl reported being twelve when she first had intercourse, while four (4%) said they were thirteen, seven (8%) said fourteen, and twenty (22%) fifteen (Table 4.1).

This figure of 34% is considerably higher than that found in Farrell's (1978) study, in which she reports that 12% of the girls said they had had their first sexual experience before they were 16, and in Schofield's (1965) study in which 2% of 15 year olds said they had had intercourse. Farrell comments that some of the increase between her findings and Schofield's "could be accounted for by the difference in the age at which they were asked the question, but it is unlikely that all of it could be explained in this way,

so some is probably due to an actual increase", and the same conclusion could be drawn about the increase between Farrell's findings and those of this study, which was carried out some ten years after that of Farrell.

Table 4.1. Age of first sexual experience:

	<u>by present age,</u>						
	<u>percentage distribution</u>						
Present age	<14	14	15	16	17	18	Total
							(=100%)
14	-	100	-	-	-	-	1
15	33	33	33	-	-	-	3
16	8	-	54	40	-	-	13
17	4	8	18	68	4	4	28
18	5	5	14	38	33	5	21
19	4	7	15	19	37	19	27
Total	5	8	22	40	19	6	93

Almost two-thirds (65%) of the teenagers reported that they were 16 or older when they had their first experience of intercourse; more than a third (37, or 40%) said they were 16, with eighteen (19%) girls saying that their first experience of sex was at 17, and six (6%) girls that they had intercourse for the first time at 18. (Table 4.1.)

Only one girl, *Karen (17) refused to answer this and other related questions; she responded:

"I'm no answerin that and I dinnae want tae listen
tae anythin like that."

(* all names used are pseudonyms.)

When these figures for age of first experience of
intercourse are looked at in relation to the outcome of
the pregnancy, it can be seen that girls who had a
postmarital conception were much more likely to have
their first sexual experience before the age of 16, and
girls who had a premarital conception were more likely
to have intercourse after the age of 16, than those on
the other outcome groups (Table 4.2).

Table 4.2. Age of first sexual experience:
by outcome,
percentage distribution

Outcome	Age of first sexual experience					Total
	<15	15	16	17	18	
						(=100%)
Termination	13	19	45	19	3	31
Illegitimate birth	13	26	39	16	7	31
Premarital concep'n	-	13	40	26	20	15
Postmarital concep'n	25	25	31	19	-	16
Total	12	24	40	19	6	93

Almost a third (10 out of 31, or 32%) of all
terminations, well over a third (12 out of 31, or 39%)
of all illegitimate births, over an eighth (2 out of 15,
or 13%) of all premarital pregnancies, and half (8 out

of 16, or 50%) of all postmarital conceptions occurred to girls who first had intercourse prior to their 16th birthday. Further, 45% (14 out of 31) of all terminations, 39% (12 out of 31) of all illegitimate births, 46% (6 out of 15) of all premarital conceptions, and 31% (5 out of 16) of all postmarital conceptions occurred to girls who were 16 when they first had intercourse.

This means, then, that more than four-fifths (13, or 81%) of the girls who had a postmarital conceptions, more than three-quarters (24, or 77%) of the girls who had a termination, more than three-quarters (24, or 77%) of the girls who had an illegitimate birth, and over half (8, or 53%) the girls who had a premarital conception had had intercourse at the age of 16 or younger.

Twenty four girls, or 26% of the whole group, maintained that they had not had intercourse until they were 17 (18, or 19%) or 18 (6, or 7%). As far as pregnancy outcome for these girls was concerned, there were seven girls in each of the categories, with the exception of postmarital conceptions in which there were three girls, who reported that they were 17 at the time of first intercourse. However, in the three other categories, the girls who had terminations (6) were likelier to have intercourse at 17, than those who had an illegitimate birth (5) or a premarital conception (4). Whereas the number is greater for those having terminations and

illegitimate births, it is found that 27% of those who had premarital pregnancies and 19% of postmarital conceptions had intercourse at 17, as opposed to 19% of those who had terminations and 16% of illegitimate births.

Further, the six (6%) girls in the study, who maintained that they did not have intercourse until they were 18, included a fifth (3, or 20%) of all those who had a premarital conception, one girl who had a termination and two girls who had an illegitimate birth.

Most of the girls in the study could not be described as promiscuous as defined by Schofield (1976) - that is, having had intercourse with more than one person in the twelve months prior to interview - not least because over three-fifths (57, or 61%) of the girls had become pregnant as a result of the relationship they had had with their first and only partner (Table 4.3).

The finding that 61% of the girls in this study had only one partner is exactly the same as that found by Zelnik et al (1981) for white American teenagers in their 1971 survey, and it is only slightly higher than the 57% reported in their 1976 survey.

Table 4.3. Number of partners: by age
of first sexual experience,
percentage distribution

Age	1 partner	>1 partner	Total
			(=100%)
<14	- -	100 (5)	5
14	29 (2)	71 (5)	7
15	64 (14)	36 (8)	22
16	65 (24)	35 (13)	37
17	82 (14)	18 (3)	17
18	67 (4)	33 (2)	6
Total	61 (57)	39 (36)	93

As Table 4.3. shows, those who first had intercourse when fourteen or younger were more likely to have more than one partner, but, that, from the age of fifteen upwards, almost two out of three girls were likely to have had only one partner. That does not suggest that all those who had intercourse at a young age were promiscuous, according to Schofield's definition, although some, of course, may have been - but since their sexual career was likely to have been longer, it is probable that, over a period of time, they would have had relationships with more than one partner.

As Schofield points out:

"the association between the age of first intercourse and later promiscuity is not absolutely straightforward".

In this study over three-fifths (61%) of the girls maintained that they had had intercourse with only one person.

All the girls (100%) who had premarital pregnancies said that they had had only one partner. The same was reported by more than half (18, or 58%) of those who had had an illegitimate birth, over half (9, or 56%) who had had a postmarital conception, and just less than half (15, or 48%) of those who had had a termination. Only among those who had terminations, then, had the majority (52%) of the girls had more than one partner (Table 4.4).

Table 4.4. Number of partners: by outcome,
percentage distribution

Outcome	1 partner	>1 partner	Total (=100%)
Termination	48 (15)	52 (16)	31
Illegitimate birth	58 (18)	42 (13)	31
Premarital concep'n	100 (15)	-	15
Postmarital concep'n	56 (9)	44 (7)	16
Total	61 (57)	39 (36)	93

The reason why there was such a difference between the experience of those who had a premarital conception and those who had a postmarital conception could be explained perhaps by the fact that, while they were all aged 17 to 19 at the time of interview, as has been

shown earlier (Table 4.2.), only just over half (8, or 53%) of those who had a premarital conception had indicated that they had their first sexual experience by the time they were sixteen, whereas more than four-fifths (13, or 81%) of the girls who had a postmarital conception had had intercourse for the first time by that age. This means, therefore, that a much longer time had elapsed between the first experience of intercourse and conception for the majority of those who had a postmarital conception - that is, they had more "years at risk".

The evidence supports this hypothesis: with only one exception, for those who had a postmarital conception, intercourse first took place at least two years earlier - that is, they had two "years at risk" - with the greatest length of sexually activity being given by a 19 year old, who maintained she had six "years at risk". Whereas almost three-quarters (11, or 73%) of those who had a premarital conception reported that they had their first sexual experience when they were one year younger, so had just one "year at risk", hence it is more likely that those girls, having been sexually active for a shorter time will have had fewer partners, although there are, of course, some exceptions.

As Zelnik et al (1981) state:

"the greatest influence determining whether a young woman has more than one partner is the length of time since she first became sexually active - her "years at risk"."

Over half (48 out of 93, or 52%) of the teenagers had been sexually active for less than two years, and of these over three-quarters (38 out of 48, or 79%) had had only one partner.

It is only at three "years at risk" that there are less girls with one partner than those who had more than one partner - four as opposed to six, and by five "years at risk" all girls had had more than one partner (Table 4.5).

Table 4.5.

Risk interval (yrs)	<u>Risk intervals,</u> <u>percentage distribution</u>		
	1 partner	>1 partner	Total (=100%)
0	100 (8)	-	8
1	75 (30)	25 (10)	40
2	61 (14)	39 (9)	23
3	40 (4)	60 (6)	10
4	14 (1)	86 (6)	7
5	- -	100 (3)	3
6	- -	100 (2)	2
Total	61 (57)	39 (36)	93

Of the thirty six (out of 93, or 39%) who had had intercourse with more than one partner, over half (19, or 53%) had had intercourse with two partners, and of these eight girls (42%) had a termination, six (32%) had

an illegitimate birth and five (26%) a postmarital conception.

All the girls who reported that they had had two partners were over the sixteen years of age - over a fifth (4 out of 19, or 21%) were seventeen, just under a half (9, or 47%) were eighteen, and the remainder, just over a third (6, or 32%), were nineteen (Table 4.6).

Table 4.6. Two partners: by age
and outcome

Outcome	Age			Total
	17	18	19	
Termination	2	4	2	8
Illegitimate birth	1	3	2	6
Postmarital concep	1	2	2	5
Total	4	9	6	19

The remaining seventeen girls (out of the thirty six (or 47%) who had two or more partners) had had three or more partners.

Over a tenth (10 out of 93, or 11%) of the girls in the study had three partners; which means, then, that just under a tenth (7, or 8%) of the girls in the study indicated that they had a sexual relationship with more than three partners (Table 4.7).

Table 4.7.

Several partners

Outcome	<u>by outcome</u>		
	3	>3	Total
Termination	5	3	8
Illegitimate birth	3	4	7
Postmarital concep'n	2	-	2
Total	10	7	17

Of the ten girls who reported having three partners, one was sixteen, and had a termination, half (5) were seventeen, of whom two had an illegitimate birth, two a termination, and one a postmarital conception, and two-fifths (4) eighteen, of whom one had an illegitimate birth, one a postmarital conception, and two had a termination.

Four of the seven girls who had more than three partners had an illegitimate birth, all of whom were 19 years of age. Of these girls, the highest number of partners given was by Senga (19), who at sixteen had been sent to Corton Vale Prison for three months for breach of the peace and glue sniffing. When asked how many partners she had had, she said she could not really remember, but that she had not had a relationship of any length with any of them:

"about 16 - they were just all really one-night-stands - I always says I'd wait till I wis mayried - but unfortunately I didn't - done it before I wis mayried - just wan o thae things I

suppose."

The other three girls had all had a termination. The nineteen year old and the sixteen year old both said they had had four partners, but the highest number of partners in this group - "about 10" - involved a bright fifteen year old schoolgirl, Nicola, who, having been raped in her home when she was thirteen, had resorted to having casual sex with the boys at school, mainly because it caused her to be the centre of attention:

"everybody used to come to me for sorta a good time an that - I wis a little whore really - ... - I just used to go with anyone - the boys used to come to me an think they'd just get a good time an that - for them they enjoyed it - for me it just didn't - I don't know - I don't know why I did it really - ... - I should think - I used tae get all the attention - I think that was part of it - ... ".

These seven girls, then, are exceptional since they account for less than 8% of the total group. But even they would not necessarily be defined as being promiscuous since at least two had been sexually active for at least four years.

The vast majority (80%) of partners at the time of the first experience of intercourse were older than the girls - ranging from being one year older, to 14 years older (Katherine (17) was fifteen when she had intercourse with her twenty nine year old partner, whom

she had since married) - with only a fifth (17 out of 87, or 20%) being the same age as the girl or younger (Table 4.8). Six girls (7% of the total group), one girl who was thirteen year old, three who were fifteen year olds, and one was sixteen year old at the time of their first sexual experience, stated that they did not know what age their partner was.

Table 4.8. Age of first sexual experience:
by age of partner,
percentage distribution

Age of girl	Age of partner						Total
	<16	16	17	18	19	19+	
							(=100%)
<15	27	9	18	18	18	9	11
15	12	6	24	29	-	29	17
16	8	11	25	16	28	11	36
17	-	12	24	24	24	16	17
18	-	-	17	-	-	83	6
Total	9	9	23	20	18	21	87

The largest number of partners (24, or 26%) were three years older, followed by sixteen (17%) who were one year older, and fifteen (16%) who were two years older. Only eleven boys were the same age as their partners, while six were younger - five being a year younger and one being two years younger (Lynn (17), who had intercourse first with her boyfriend when she was

sixteen and he was fourteen, had become pregnant by this same partner, who at the time of her termination was fifteen, and so was still at school).

Just over a fifth (18, or 21%) of the partners were twenty or older, (the oldest being twenty nine), while eight (9%) were fifteen or younger, with the youngest being thirteen years of age.

Most of the relationships, during which the girls' first sexual experience took place, had been going on for some time before intercourse happened. Well over half the girls (53 out of 93, or 57%) had been going out with their partner for between three months and a year before having intercourse, with fourteen (17%) going out with their boyfriends for over a year before intercourse took place (Table 4.9).

Table 4.9. Age of first sexual experience:
by length of relationship
percentage distribution

Age of girl	months					Total
	0	-3	3-6	6-12	12+	
						(=100%)
14	25	17	33	17	8	12
15	19	19	33	14	14	21
16	3	30	32	19	16	37
17	-	11	17	56	17	18
18	17	33	17	17	17	6
Total	10	23	29	25	15	93

Of the nine (10%) girls who said they had not been "going out" with boy with whom they had intercourse on that first occasion, only one, Fiona (19), who said that she was thirteen at the time, reported that her partner was a total stranger:

"I wis just at a disco an I just kinda let him - ...
 - I said ocht well just gonna find out what it wis like - I never seen him again - ... - I'd had a lot o boyfriends but I wouldnae let them - an then this stranger comes along - silly really".

Carol (16) knew the boy, but didn't want to have intercourse:

"I wis 15 - I wisnae even goin out wi him - he forced me tae dae it wi him the first time - but I've no telt ma mum that - ... - it wis terrible."

Selina (16) describes a typical perception of the nature of this kind of relationship:

"it wisnae exactly as if we were goin out wi each other."

However, she became pregnant as a result of this her only sexual relationship with a partner with whom she said she had intercourse twice.

The place where intercourse was said to have happened the first time varied. Over half the girls (49 out of 89, or 55%) stated that their first sexual experience had taken place at their boyfriend's house, with a much smaller number (16, or 18%) reporting that intercourse took place in the girl's own home, with smaller numbers admitting to having intercourse first either in a friend's house, or outside, or elsewhere. The remainder said that they could not recall where they were at the time (Table 4.10).

Table 4.10. Age of first sexual experience:
by place, percentage distribution

Age	His house	Her house	Other	Don't know	Total (=100%)
<15	58	8	32	-	12
15	45	20	30	5	20
16	61	18	12	9*	33
17	61	17	11	11	18
18	33	33	33	-	6
Total	55	18	20	7	89

* including 1 refusal

It would seem, then, that, in almost three quarters (65, or 73%) of the cases, intercourse happened at the home of one of the partners, with it being very much more likely that it took place in the boy's home. Perhaps because of the comparatively young age of the girls, places other than the home of one or other of the partners accounted for a fairly small proportion (18, or 20%) of the overall total.

This finding that more than half of the first experiences of intercourse took place in the partner's home agrees with that of Zelnik et al (1981) who found that:

"more than 75% of the premaritally sexually active in 1976 reported that the initial event occurred at their partners' home, their homes, or the home of a friend or relative"

and it would seem to confirm Farrell's (1978) comment on the finding that the home of one of the partners is the

most common place for intercourse:

"it does seem likely that some parents convey tacit approval of sexual activity to their teenage sons, or at least do not make a point of expressing disapproval."

When initially asked if she had planned to have intercourse the first time, almost three-quarters (66, or 70%) of the girls said they had not, but in 25% of the cases they said that they thought their partner had.

Only ten (11%) of the girls said they had planned intercourse on that first occasion.

As Furstenberg et al (1981) point out:

"the transition to nonvirginity is seldom premeditated."

When asked why intercourse had taken place the first time, almost two-thirds (57, or 61%) said that they "didn't know" or that it had "just happened", while the rest (37, or 39%) were willing and/or were able to give a specific reason.

A considerable number (66, or 70%) of the girls stated that they were happy to have had intercourse on that first occasion, while fourteen (15%) reported they did not want to have intercourse, with the remainder being unsure, couldn't remember or didn't know.

However, when questioned further, a variety of reasons were given - relating to their feelings or to the

circumstances in which they found themselves (Table 4.11).

Table 4.11. Reason for first sexual
experience: by age,
percentage distribution

Reason	<16	16	>16	Total
Relationship	29	45	26	38
Curiosity	50	40	10	20
To please partner	38	25	37	16
Because of drink	17	50	33	6
Forced/didn't want	40	20	40	5
Couldn't remember/ don't know	33	33	33	6
Total	35	38	26	91

More than two-fifths (38, or 42%) of the girls gave, as their main reason, that they felt that they had reached a point in the relationship when to have intercourse was appropriate; that they had got to know one another well and that the level of mutual trust and desire had led to the initiation of an intimate physical relationship:

"it wis just the right moment sorto thing."

(Hayley, 18);

"well I knew it was more than just a passing phase between the two o us - just felt different - I felt it was the right person somehow." (Kim, 17);

"I think it was something we wanted both of us - a

fulfillment more or less - we knew it was going to lead up to something - it was something we more or less both wanted - we liked each other really a lot - we felt a lot for each other - I couldn't say it was love - but once we'd done it it was a funny feeling - I think it made us both grow up." (Tina, 18);

"it's something that we'd both taken consideration before we did anything - but it wasn't sort of like planned out - sort of red circle round a particular date or anything - we just began to realise that we were sort of suited for each other." (Marianne, 19).

The second most frequently given response was provided by over a fifth of the girls; twenty (22%) admitted that the chief reason they agreed to intercourse was in order to satisfy their curiosity; that they had heard others talking about it and wanted to find out for themselves what "it" was like:

"I think I wis just one o thae folk that wis curious." (Jean, 17);

"I suppose the wonderin whit it's like type o' thing gets to ye - an then ye just want to try it an see what it's like." (Carol, 18);

"ye gets likes a yer pals at the school are a talkin aboot things like this - course I wis that naive at the school - ... - I wis curious." (Irene, 18);

"I wanted to experience this thing that everybody makes up - you know - well you hear so much - people saying it's such a terrible thing and I wanted to see what there was to it." (Hazel, 17);

"I wanted tae see what it wis like - I didnae even know the boy - that's true - I mean it sounds terrible - ... - everybody wis goin on about sex is bad an a the rest o it - too much o a thing made about it - an it wis just tae see what it wis like - an I didnae like it." (Fiona, 19);

"I just wanted tae see what it wis like I suppose - I wanted tae be big - but it wisnae nothin startlin - there wis nae fireworks nor nothin." (Carol, 19).

The third most frequently given reason (16, or 17%) was that intercourse took place in order to please their boyfriend.

Josephine (16) thought it would be a good way of appeasing her boyfriend:

"I think we'd had an argument an I felt this was the best way to make it up to him."

Jeanette (19) and Susan (19), on the other hand, felt that it would enable them to reestablish a relationship which had been broken off earlier because of the girl's unwillingness to have intercourse:

"he says tae somebody that's cause he wisnae gettin what he wis wantin - ... - so I went back oot wi him an then it happened." (Jeanette, 19);

"when I wis 15 - well he wis wantin sex but I wasn't ready for it you know - an that's what broke us up - ... - an then we got back thegither again - I think that's one o the reasons I gave in tae him - cause I wanted tae keep him." (Susan, 19).

Susan admitted that she had been the one who had suggested having intercourse on that first occasion, much to the disbelief of her boyfriend:

"well it was me actually - it was - he said that tae me actually - he says - he was amazed - an I didn't know what came over me - it was me that started it - he wis behavin hissel - he wis - he just stood back an says are you sure - says aye - are you sure what you're doin - an he kept askin me."

However, for Catriona (18), Sharon (14) and Isabel (17), it was a matter of succumbing to sustained pressure from their respective partner:

"He wis wantin me to but I kept on sayin no no a the time - just finally gied in tae him." (Catriona, 18);

"he kept getting on ma nerves - just to keep him quiet because he kept goin on." (Sharon, 14);

"I wasn't for it - ... - that was the first and last time - I don't know - you know what boys are like - just to get him off my back." (Isabel, 17).

Six girls said that the most important factor in their having had sex the first time was that they had had too much to drink:

"I dunno - I dunno how it happened - I think I just had too much to drink or somethin." (Jane, 19);

"the two o us were well away wi the drink - an that's when it happened - blame the drink."

(Kathleen, 19).

Three girls, Helen (17), Lynne (18) and Carol (16) claimed to have been forced to have intercourse against their will.

Carol (16) was at a party at a friend's house when she had intercourse for the first time:

"I wisnae even goin out wi him - he forced me tae dae it wi him the first time - but I've no telt ma mum that - I dinnae want tae worry her - it wis terrible."

Helen (17), on the other hand, had been babysitting for a friend on Hogmanay when another friend and two boys arrived at the house. After they all had had something to drink, her girlfriend went upstairs with one of the boys, leaving Helen downstairs with the second boy:

"as Alan was tryin to make love to me I was screamin an shoutin an goin on like a two year old - I was screamin - I was really screamin."

Lynne (18), however, had gone out with the boy for a few weeks, and she said she usually had "a kiss and a cuddle". But one day when she was in the park with him, "it got to more an I panicked":

"I never had a very happy experience - I wis 13 an I

wasn't willing - ... - he grabbed ma arm an he
leaned on the other one an I wis like that - I
couldnae move - ... - I wis screamin."

However, she did confess that she had some quite tough
friends at that time:

"I wis runnin aboot wi the rough - an that wis just
the accepted thing - if ye said no - tough ..."

A further three girls, Maria, Lynn and Nicola said that
they had no idea what was happening the first time they
had intercourse.

Two, Maria (18) and Lynn (16), maintained they had
passed out at New Year because they had had too much to
drink and that intercourse had taken place when they
were out cold:

"I was totally drunk - ... - I was out - an there's
no way I could have had sex on ma behalf anyway."

(Maria, 18);

"as far as I'm concerned I was incapable - ... - he
took advantage o me." (Lynn, 16).

Nicola (15), though, said she was fully awake, but that
she had no idea what the boy was doing, since she was
only thirteen at the time and was very naive:

"he says oh everythin'll be alright an that - ye
know before I knew it it was - it was wi him - I
didn't know what wis happenin because wi me bein
that young - he just got his bit of excitement an
that was about it - I wis awfae upset."

A comparatively small number (6, or 7%) reported that they couldn't remember or didn't really know why they had allowed intercourse to take place.

Suzanne, a very young 16 year old, could offer no other explanation than:

"just did it";

whereas Laura (18) was philosophical about it:

"I just says well if it was goin to happen sooner or later it might as well happen noo".

Lesley (17) said she had not been persuaded, was not curious, nor was it the way she felt about her boyfriend:

"I donno - it just happened - I wisnae forced or anythin".

Meanwhile Rachel (19) maintained:

"cannae remember - it's that long ago."

The reactions to the first experience of intercourse varied widely. However, as Schofield (1965) showed:

"this first experience was not always an unqualified success and did not always end in sexual gratification."

He reported that, when asked how they had reacted to intercourse the first time, less than a third (30%) of the girls in his study said that they had enjoyed it, and 7% actively disliked it.

In the Fife study, when asked to describe their feelings

immediately after their first sexual experience, the answers ranged from pleasure to regret and fear. Over two-fifths (41%) said that they were not happy about the experience, less than a sixth (15%) were happy, and just under a quarter (23%) had mixed feelings, with the remaining fifth (20%) reporting having had no particular feelings one way or the other (Table 4.12).

Table 4.12. Response to first sexual experience,
percentage distribution

Response	Age of first sexual experience					Total
	<15	15	16	17	18	
						(=100%)
Happy	-	36	21	36	7	14
Not happy	16	13	42	29	-	39
Mixed feelings	13	22	39	9	11	22
Other feelings	11	26	47	5	11	19
Total	13	22	39	19	6	94

Only fourteen (15%) girls reported that they felt happy after having had intercourse on that first occasion, which contrasts with the large number (66, or 71%) who said they had been willing to have intercourse. The reason given for being pleased that intercourse had taken place was connected very closely with the relationship the girl had with her boyfriend.

"I wis quite happy - ... - well I did love him at the time I mean tae say." (Pamela, 18);

"I was happy - I hadn't expressed ma feelins for him before" (Sharron, 17);

"I wis glad it had happened because of the person I wis with when it happened." (Laura, 16);

"Yes I was (happy) - well it wasn't so much for sexual gratification or whatever - it was the way it had brought our relationship one step further."
(Marianne, 19)

The largest group (39, or 41%) said that they were not happy. There were 28 (out of 39, or 72%) girls in this category who stated that their principal feelings were those of disappointment, fear, guilt or regret.

The most common reaction (15, or 16%) was regret. Some felt regret that intercourse had taken place:

"I was sorry I had done it - wished I hadn't done it in the first place." (Suzanne, 16);

"I gret in ma bed an I gret in ma bed - an I thought I've had sexual intercourse - ... - what've I done?"
(Helen, 17).

Others felt regret because of the emotions involved:

"I regrettet it cause I felt as if I'd been used - that's what it felt like - I'd just been used - there was no joy at all in it - afterwards I felt cheap - an I thought oh god what have I done this for." (Louise, 18);

"it wis horrible - I just felt oh gad - I felt - what is there tae sex - who wants that kindo thing."

(Fiona, 19).

And yet others felt regret because of the person involved:

"I regrettet it like anythin cause I wantet ma husband to be the first." (Linda, 18).

Eight girls (9%) said what they remembered most was being afraid about what had just happened because they were afraid they might become pregnant:

"I wis just frightened - I wis frightened I'd get pregnant ye see." (Karen, 19);

"I felt awfae scared - ... - sorry aboot it."
(Karen, 17);

"I wisnae pleased - I hink I wis feard" (Tracy, 18).

For four girls (4%) the reaction was one of disappointment that intercourse had not turned out to be the experience they had been led to expect:

"disappointed that it hadn't worked out like you read about in the magazines and see on the TV."
(Josephine, 16);

"I was wonderin what all the fuss was about - I was thinkin is that it - for years I'd been waitin for this big build up for some - you know - really magnificent moment of ma life - an I thought was that it?" (Susan, 19);

"I wis just disappointet - aye just disappointet - so I rolled ower an fell asleep - an I wouldnae talk

tae him." (Jeanette, 19).

Isabel (17), on the other hand, was very upset:

"I felt guilty - I don't know I just felt guilty -
... - I didn't enjoy it - I just felt rotten -
really horrible - no I didn't feel sick - I just
couldn't see how anybody could get any enjoyment out
o it."

A number of other girls (11, or 12%), who said they were
unhappy, reported that it was the physical aspect of
their first experience of intercourse that had been most
important to them at the time, that they had felt dirty,
or sore:

"I felt dirty - I went straight in the bath - I
didnae feel right - I just felt awfae awfae
embarrassed." (Lesa, 17);

"I wisnae pleased - I felt horrible - just didnae
feel right - I felt dirty after it." (Catriona,
18);

"I felt dirty because I wisnae married." (Paula,
17);

"I wis cryin because it was sore - I remember that."
(Nicola, 15)

The second largest group (22, or 23%) said that they had
mixed feelings about having sex the first time, though
most found it difficult to say why:

"Kinda had mixed feelins about it I suppose - wishin
ye hadn't done it but gled ye'd done it just to find

out what it wis like sorta thing." (Carol, 18);

"in a way I wis glad - in a way I wis worried."

(Elaine, 16);

"sorry and pleased - sort of." (Marie, 19);

"I didnae hate it but I didnae enjoy it." (Jane, 18);

"mixed feelins - I didnae ken what tae think really." (Elizabeth, 19).

The remainder of the responses (19, or 20%) were given by those who reported no particular feelings about their first sexual experience:

"It was as though nothin had really happened"

(Andrena, 17);

"I didn't have a lot of thought - I think ma first reaction was what does everybody make all this fuss about this great thing." (Tracy, 18);

"It didn't bother me at the time - maybe it was just cause I was too young." (Hazel, 17);

"I wisnae bothered - no really - I never thought anything more about it." (Jane, 19);

"Never felt any different." (Heather, 17);

"Dinnae ken really - never thought much about it." (Pauline, 18);

"I didnae feel nothin." (Samantha, 18).

The girls were then asked if they felt the same way the day after intercourse had happened for the first time,

or whether their feelings had changed in any way. The largest group (40%) reported that they were "not happy", with almost a quarter (23%) declaring that they had mixed feelings, and only just under a sixth (15%) stating that they were "happy" (Table 4.13).

Table 4.13. Reactions the day after first sexual experience: by outcome
percentage distribution

Outcome	Happy	Not happy	Mixed	Other	Total (=100%)
Termination	13	35	23	29	31
Illegitimate birth	9	44	25	22	32
Premarital concep'n	33	27	27	13	15
Postmarital concep'n	13	56	19	13	16
Total	15	40	23	21	94

However, when compared with the feelings reported immediately after intercourse had taken place (Table 4.12.), almost three-quarters (70, or 74%) said that their feelings had not changed.

Isabel (17), for example, who had been unhappy about what had happened, said:

"I just felt the same - I felt guilty for a long time for lettin him persuade me to do it in the first place - an I felt dirty unclean - cause I always said to maself I wouldn't let anybody touch me until I was married - an I went an let masel go -

an that upset me."

Josephine (16) also felt that she had let herself down:

"I really didn't want to think about it - I wis quite sortof shocked at maself";

as did Lesley (17):

"I wis that angry - I think I wis shocked at maself".

Senga (19), too, had been unhappy, but was more philosophical the day after:

"I just felt upset but - ... - I didnae let it worry me - I said it's happened an that's it - there wis nothin I could dae aboot it."

Samantha (18) and Jeanette (19) both reported that they felt unclean:

"I felt kindae dirty - ken - an feelin guilty"
(Samantha, 18);

"I felt yeuch - dirty - needit tae go in the bath an have a good scrub" (Jeanette, 19).

Similarly, many of those who were happy about their first sexual experience said their feelings were unchanged the following day:

"just felt we were more together" (Kim, 17);

"I think I felt more for him after that - brought us closer together." (Katherine, 17).

Twenty four girls (26%) reported that they felt differently the next day, with a third feeling "better",

a third "worse", and a third having mixed feelings (Table 4.14).

Table 4.14. Changes in feelings by age of first sexual experience

Age of first sexual experience	Feelings			Total
	Better	Worse	Mixed	
13	-	1	-	1
14	-	1	2	3
15	2	2	3	7
16	4	3	1	8
17	2	-	2	4
18	-	1	-	1
Total	8	8	8	24

Of the group who said they felt "better", five had had mixed feelings and reported being happy, and three who had said they were not happy said that they were happy the following day:

"aye we were happy - ken we were as if we were closer together." (Lynn, 17).

However of those who said that they felt "worse", all eight had moved from having mixed feelings to being "not happy", whereas of those who indicated they had mixed feelings, two changed from "happy" and six from "not happy" - mainly because of fear of pregnancy:

"after the first time I was most worried - ... - you couldn't wait till your next period came round -

cause you don't think of that the actual night -
 your period - ken you don't think of that the night
 you're havin sex the first time." (Laura, 16);
 "what if I get pregnant - things like that ye know -
 ... - I thought about it the next day - I didn't
 think about it at the time actually." (Carol, 19).

Most of the girls admitted that they had not discussed
 with their partner how they felt about the first
 experience of intercourse, although just over a third
 (33, or 37%) said they had (Table 4.15). The younger
 girls said they did not talk over what had happened, but
 at no time did even half of the girls in any age group
 report having discussed their feelings with their
 partner.

Table 4.15. Discussion of first sexual
 experience: by age,
 percentage distribution

Age	Discuss	Didn't discuss	Total (=100%)
<15	-	100	10
15	45	55	20
16	38	62	37
17	47	53	17
18	34	66	6
Total	37	63	90

Of the 33 (37%) girls who said that they had discussed

the first experience of intercourse, 30% reported that they were happy about having had intercourse, 27% had had mixed feelings, and 36% had been unhappy. Further, the 26 (out of 33, or 79%) who discussed the first occasion of sexual intercourse with their partner subsequently became pregnant by that partner, with the majority (23, or 70%) having gone out with their boyfriends for more than three months before intercourse took place.

When asked if having intercourse on the first occasion had changed the relationship with their partner, twenty girls (28%) said that it had not changed. Almost half (43, or 48%) reported that the relationship had improved, with just over a fifth (19, or 21%) feeling that it had worsened (Table 4.16).

The younger the girl at the time, the more likely she was to say that the relationship had not improved, or had not changed. But of those who were 16 or older more than half (32, or 54%) stated that they felt that the relationship had improved.

Table 4.16. Change in relationship after
first sexual experience: by age,
percentage distribution

Age	Better	Worse	No change	Total
				(=100%)
<16	35	20	45	31
16	54	17	29	35
>16	54	29	16	24
Total	48	21	31	90

Of the 43 (48%) girls who asserted that the relationship had become better, only thirteen (30%) said they had been happy about their first experience of intercourse. However, 35 (81%) of this group sooner or later became pregnant as a consequence of the relationship with their first partner, the outcomes being eleven (out of 15, or 73%) premarital conceptions and eight (out of 16, or 50%) postmarital conceptions, nine (out of 31, or 29%) terminations and seven (out of 32, or 22%) illegitimate births.

When asked whether they thought there was any possibility of becoming pregnant on that first occasion, less than a third (30%) of the girls reported that they thought that there was (Table 4.17).

Table 4.17. Possibility of pregnancy
after first sexual experience: by age,
percentage distribution

Age	Strong	Weak	None	Didn't think	Don't know	Total (=100%)
<15	-	36	28	36	-	11
15	5	20	55	15	5	20
16	3	32	30	30	5	37
17	6	22	44	22	6	18
18	-	17	66	17	-	6
Total	3	27	40	26	4	93

The largest group of girls (37, or 40%) thought, on that first occasion, that there was no possibility of them becoming pregnant.

As Furstenberg et al (1981) report about teenagers and their beliefs about the risk of pregnancy:

"Many ... have mistaken ideas about pregnancy risks - they think they are too young, or have intercourse too seldom or at the wrong time of the month to get pregnant."

A belief expressed by many of the girls was that she would not or could not become pregnant:

"I knew it in the back o ma mind ... - but you know - this is so cliched - it would never happen to me."

(Josephine, 16);

"I suppose I wis just one o them that thought it wouldnae happen tae me." (Samantha, 18);

"I didnae believe ye could get pregnant the first time." (Linda, 18).

A smaller number (25, or 27%) reported thinking that there was only a slight chance of pregnancy being the outcome, with only a minute number (3) stating that they thought the risk was considerable.

Over a quarter (26%) said that they had not given any thought to the matter of conception or contraception.

The following comments were typical:

"I don't think the thought ever came into ma head."

(Katherine, 17);

"no - for the fact that you just don't think about it at the time." (Isabel, 17).

In just over a quarter (26, or 28%) of the cases, some method of contraception was used; thirteen girls (14%, or 50% of this group) were taking the pill, although not necessarily primarily as a contraceptive, while twelve partners used condoms and one used withdrawal. This figure of 28% is considerably lower than the 40% found by Zelnik et al (1981), and that given by Smith (1983) who reports that 43% of the teenagers in his study had used contraception on the first occasion of intercourse, and it is almost exactly half that of 57% given by Farrell (1978).

(It would be interesting to compare the figures given by the girls in Farrell's study who had been pregnant, with those in this study, but Farrell does not present comparable data on this particular point. However, she does report that of the single girls who had babies and

of those who married because they were pregnant, 72% stated that they had not use contraception on the first occasion they had sex, which is exactly that found in this study, but of course the Fife study includes both those who had terminations and postmarital conceptions as well).

The typical of the reasons given by those who had used contraception at the time of their first sexual experience were:

"before I done anything I made sure I went tae the doctor first cause I wisnae gaun tae be one o the unlucky ones." (Jeanette, 19);

"after ma 16th birthday I went to my doctor to go on the pill just in case anything did happen."

(Debbie, 17);

"we sort of discussed it - an I went on the pill an that - beforehand - I was sensible - it was planned yeh - we talked about it - an we decided well it's better if I went on the pill - you know he wasn't forcin me into havin sex or anythin - an I said well I'll go on the pill - just in case - so I went on the pill." (Elaine, 18);

"I just thought he's takin precautions - it'll no happen tae me." (Angela, 17).

Although over a quarter of the girls reported having used contraception on that first occasion, almost three-quarters (68, or 72%) did not.

"Since most girls or young women do not foresee having intercourse when it first happens, most fail

to take the necessary steps to prevent pregnancy."
Furstenberg et al (1981)

Of those using contraception, only one girl thought there was a strong possibility of pregnancy and five thought there was a weak possibility; the remainder (20, or 76% of this group) reported that they did not think that there was any sort of chance that they would conceive on the first occasion.

However, while only five of the girls in the contraceptive using group said that they had planned that intercourse would happen on that first occasion, ten partners were said to have decided that intercourse would take place.

Two girls stated that they did not use contraception on that first occasion because they wanted to get pregnant. Paula (17), who had a premarital conception, felt that she was missing out by not being pregnant:

"everybody roond about me's had a baby in their arms - an I always said I wish I could have one an then I wis sorta gettin feart maybe I would get left an everybody else would have a family - I wanted a bairn - he wanted one as well."

Susan (19) also had had a premarital conception, but she wanted to have her boyfriend's baby because she was "madly in love" with him:

"I wis wishin it would happen - an so was he - well we both wanted a baby ..."

In both cases, the girls got married very soon after it was confirmed that she was pregnant.

When asked what their attitude to premarital intercourse was, over half (48, or 53%) said that they approved, while a comparatively small number (11, or 12%) said they disapproved, the rest (32, or 35%) had mixed feelings about it (Table 4.18). Farrell (1978), though, reported that, of the girls in her study, 37% approved, 10% disapproved and 52% had mixed feelings about premarital intercourse. The difference in the figures could well be explained by the fact that only 42% of the single girls in Farrell's study admitted they were sexually experienced, whereas in this study 100% of the girls, who were married as well as single, had patently been sexually active, having become pregnant as a consequence, and this would inevitably have influenced their attitude to premarital intercourse.

In 1978, Farrell stated:

"It is difficult to begin to offer explanations for why some teenagers have sex before marriage and some do not. We know that in the past, in Western society at least, fear of pregnancy, fear of being found out (social stigma) and economic factors often prevented it. To a large extent these barriers no longer exist, and in some ways it is more appropriate now to ask why teenagers wait until they are married."

Of these interviewees, only those who had a postmarital conception may not have had intercourse prior to marriage. However, almost two-fifths (6 out of 16, or 38%) of these girls had had a premarital conception.

Therefore, at least 89% (84 out of 94) of the Fife girls had not waited until they were married to have intercourse for the first time. In fact, not one of the teenagers in this study had intercourse for the first time once she was married.

Those who said they approved of sex before marriage declared:

"I don't think there's anything wrong wi it."

(Jane, 18);

"I think it's actually a good thing cause ye know the person better before ye get married - in that way ye're not goin into marriage with yer eyes half-closed." (Debbie, 17);

"well - ye get a lot closer - ... an ye find oot for yourself if he's really the wan for you or no."

(Donna, 17);

"I hink ye're better to find out beforehand if ye're compatible cause it's a big part of marriage - it's not total marriage - if ye know what I mean - but it's an important part of marriage." (Elaine, 18).

The typical response of those who had mixed feelings was that it was not up to them to decide for others:

"it's up to the couple - what they feel." (Sharron, 17);

"it's up tae theirselves." (Karen, 16);

or that it was alright under certain conditions:

"if ye take the right precautions." (Selina, 16)

• "certainly anybody under the age of 16 - I think they're really too young." (Carol, 19).

However, those who said they disapproved of premarital intercourse usually gave reasons reflecting their own experience. Of the "disapproving" group, almost two-thirds (7 out of 11, or 64%) of the girls had had an illegitimate birth, almost a fifth (2, or 18%) had had a termination, with one girl having had a premarital conception and the other a postmarital conception. Donna (17) had had a postmarital conception, but had previously had a premarital conception. Her comment was:

"no really because if it's like me they're unlucky." Jane (19) maintained that she had had intercourse only twice before she conceived. She regretted having to get married rather sooner than she had planned:

"no - well - look what's happened to me ..."

Isabel (17) and Rhona (16) had both had an illegitimate birth:

"no - as far as I'm concerned no any more."

(Isabel, 17);

"no really - I ken whit's happened tae me." (Rhona, 16).

According to Farrell (1978), the younger the girl, the more likely she was not to approve of premarital intercourse. The age difference in attitude was borne

out in the Fife study, with three-quarters (3 out of 4) of the girls who were under the age of 16 disapproving, and of those aged less than 17, ten out of sixteen (63%) either disapproved or had mixed feelings. Only by age 18 and over did more approve of premarital intercourse (28, or 60%) than not.

Table 4.18. Attitude to premarital intercourse:
 by age, percentage distribution

Present age	Approve	Disapprove	Mixed feelings	Total (=100%)
<16	25	75	-	4
16	42	16	42	12
17	50	11	39	28
18	52	10	38	21
19	65	4	31	26
Total	52	12	35	91

It could be anticipated that the attitude of the girls to premarital intercourse were likely be influenced by the outcome of their recent pregnancy. Of those who were married at the time of the interview, seventeen girls (out of 31, or 59%) said that they approved, with only two girls (7%) disapproving. However, among the girls who were not married, although the proportions were almost exactly similar, only 31 (out of 60, or 50%) approved, while nine (15%) disapproved (Table 4.19).

Table 4.19. Attitude to premarital intercourse:
 by outcome,
 percentage distribution

Outcome	Approve	Disapprove	Mixed	Total
	feelings(=100%)			
Termination	53	7	40	30
Illegitimate birth	47	22	31	32
Premarital concep'n	60	7	33	15
Postmarital concep'n	57	7	36	14
Total	53	12	35	91

Considering that almost nine-tenths (84, or 89%) of the girls had had premarital pregnancy, this further demonstrates that attitudes to and beliefs about sex before marriage, and behaviour associated with these attitudes and beliefs, are often not congruent.

Discussion

It would seem, then, that the girls in this study started their sexual careers earlier than those in Farrell's study, which had been carried out some ten years earlier. This is not unexpected because it is recognised that in recent years young people are tending to have sexual relationships at an earlier age (Bury, 1984b).

However, although there was evidence of sexual activity

at a younger age, there is little evidence of promiscuity among these girls. Most had been going out with their partners for at least three months before intercourse took place for the first time. Further, almost two-thirds of the girls in this study had had only one partner. Also linked with this was the main reason given by over two-fifths (42%) of the girls for intercourse taking place on the first occasion, namely that the relationship had developed to a stage where it was felt that it should become a physical one.

However, many also reported that they had become involved in having intercourse for the first time because of curiosity, or in order to please their partner, or even, in a few cases, because they had had too much to drink.

For most of the teenagers (80 out of 94, or 85%), though, their first experience of intercourse was not a happy one, with many reporting feelings of disappointment, fear, guilt or regret. The reasons for this were many and varied. For some the reason for intercourse taking place was wrong, for some the person they were with was wrong, for some the place was wrong, and for some the whole experience was wrong, in that it was not an enjoyable one, and was not at all what they had been lead to believe it would be.

The majority of the girls (70%) maintained that they had not planned to have intercourse on that first occasion, although a quarter (25%) said that they suspected that

their boyfriend had planned it should take place.

It would seem that intercourse is seldom premeditated by these teenage girls, and therefore they were unlikely to have taken any steps to acquire contraception, let alone to discuss its use with their partner.

It is interesting to note that the first occasion of intercourse was most likely (55%) to take place at the boy's house - indeed it was three times more likely to happen there than at the girl's house. This would seem to reflect the greater freedom from parental supervision of the boys.

In spite of the fact that all of these girls had had premarital intercourse, and the vast majority had become pregnant as a consequence of premarital intercourse, only marginally more than half (53%) said they positively approved of it. Almost all of those who thought that sex before marriage was a good thing qualified their approval by declaring its acceptability under certain clearly defined circumstances.

The areas of greatest concern, though, about the first experience of intercourse are the extent of the nonuse of contraception on the first occasion of intercourse, and the lack of knowledge about the possibility of becoming pregnant.

The nonuse of contraception, however, is not a new problem among those who become sexually active for the first time. As Furstenberg et al. (1981) point out:

"most studies show that only a minority of teenagers use contraception when intercourse first occurs: and, of course, as time elapses many nonusers become pregnant."

However when intercourse is neither planned nor sought, it is particularly difficult to prepare young people for the possibility that it may occur whether they intend to become sexually active or not, especially when many seem to be unaware of the risk of pregnancy on that first occasion.

CHAPTER 5

CONTRACEPTIVE USE

The use or nonuse of contraception obviously has a considerable bearing on the outcome of sexual activity, and whether or not an unwanted pregnancy results from it. However, as many observers (Luker, 1975; Farrell, 1978; Phipps-Yonas, 1980; Zelnik et al., 1981) have shown, there are many reasons why contraception is or is not used by sexually active teenagers, and is or is not used effectively (Dunnell, 1979; Farrell, 1978; Schofield, 1976). Zelnik et al. (1981) have declared that there are "myriad reasons" for this: these reasons, as already stated in Chapter 1, being the consequence of the complex interaction of emotional, social, intellectual, situational and interpersonal factors.

In this study, just under a third (31 out of 94, or 31%) were using contraception around the time they conceived, and just over two-thirds (65 out of 94, or 69%) of the girls were not.

However, it would seem that the nonuse or the misuse of contraception is not necessarily due to lack of knowledge, because, as Bury (1984b) points out, even the most knowledgeable teenagers sometimes take a chance.

"Even teenagers who are aware of the risks of pregnancy do not always use contraception but may more or less knowingly take the risk of pregnancy."

One person who presents revealing insights into the reasons for the nonuse or misuse of contraception is Luker (1975), who, as a result of her research, suggests that the decision to use contraception, and to go on using it, is by no means either simple or straightforward, and that for each woman there is a price to be paid for using contraception. She puts forward an alternative theory to the generally accepted views as to why women have unwanted pregnancies. Luker rejects the "contraceptive ignorance theory" which suggests that women become pregnant because they do not have the contraceptive skills necessary to prevent conception, as well as the "intrapsychic theory" which suggests that the women have the skills but, for a variety of reasons, resist using them. In their place she proposes a "decision making theory" which hypothesises that unwanted pregnancy results from what she calls "contraceptive risk-taking behavior", itself the result of conscious decision-making. Luker maintains that the decision to use contraception is based on the woman's "cost accountancy" in which she weighs the cost of contraception against the possible risk of pregnancy. She reports that, in her study, four main categories of cost emerged: "costs imposed by the larger social and cultural meanings of contraception: costs deriving from the structural problems of contraception: costs associated with maintaining contraceptive activity over time: and costs related to

the medical and biological aspects of contraception."

Direct comparisons with Luker's findings are not possible, not least because she does not give sufficient data about the group of women she interviewed, in terms of relevant sociodemographic details such as age, marital status and religion. However, it is obvious from what details are available that the women in her study are very different from the Fife group - the Fife group consisting of teenagers, with outcomes of either birth or abortion, while Luker's group of interviewees had all had their pregnancies terminated. Also, it is likely that up to a third of Luker's group would be Roman Catholics (about a third of the clientele of the clinic were Catholics), unlike the Fife group in which only nine girls (10% of the whole group) said they were Catholics, and this factor would influence many attitudes and many decisions that were made. Further, it was likely that many of the older Californians, unlike the Fife group who were all teenagers and had had, on average, only a short period of sexual activity, had had a fairly lengthy sexual career and had been using contraception for quite some time. Importantly, too, Luker's group consisted only of those who defined themselves as risk-takers as far as contraception was concerned.

Further, there are considerable differences in the availability of contraception between California and

Fife because of the provision of free contraception by the National Health Service. The costs in Fife, therefore, on the whole, are emotional rather than, as in Luker's study, financial.

Since the Fife interviews were carried out in late 1984 and in early 1985, more than a dozen years after Luker's study, it is probable that knowledge about and attitudes to contraception are also likely to have altered.

However, in spite of these differences, Luker's model of the costs of contraception can be applied equally well to the Fife teenagers, not least because the majority do not fit comfortably into the "contraceptive ignorance theory" or the "intrapsychic theory". Indeed, just under three-quarters (71%) of the girls in the study had used contraception at some time.

Bone (1985) states that, of the all 16-19 year old girls in Scotland, 21% are sexually active, of whom 19% are using contraception, and only 2% are not; that is, just over 10% of sexually active Scottish teenagers are not using contraception, and thus are risking pregnancy. In the Fife study, all the girls had been sexually active - a fact they could not deny - but, at around the time when conception took place, two-thirds (66%) were not using contraception, and so were at risk of becoming pregnant whether they intended to or not.

For a proportion, especially among those who had postmarital conceptions, the decision not to use

contraception was a deliberate one, since a pregnancy was planned. But, for most of the girls in this study, the pregnancy was neither sought nor welcomed.

However, for most teenagers, there is not necessarily a straightforward connection between the decision not to use contraception and intention to conceive.

"Although four in 10 sexually active young women initiate use of contraception prior to a pregnancy, one-third of these do not continue to use it consistently, even though most say they do not want to get pregnant. We cannot be certain what their reasons are for not continuing use."

Zelnik and Kantner (1981).

There are many reasons why there should be such a discrepancy between contraceptive use rates in this study and by Bone (1985), Dunnell (1979), and Farrell (1978) - reasons such as prevailing local attitudes, perceived attitudes of GPs, lack of anticipation that intercourse would take place, and the nature of the relationship - and Luker's (1975) "cost accountancy" provides a framework which facilitates the detailed analysis of the reasons as perceived by the teenagers themselves.

Firstly, Luker is of the opinion that there are social and cultural "costs", and Luker suggests that "within this category of social and cultural meanings of contraception, four themes occur: that contraception means acknowledging intercourse; that contraception

means planning intercourse; that contraception over time means that socially a woman is sexually available; and that contraception means that sexual activity is planned and cannot be spontaneous."

In the social context in which the girls in the study were operating, many felt that there were such costs.

Table 5.1.

Number of respondents reporting

social and cultural costs

Acknowledging costs:	11
Planning costs:	16
Continuing costs:	10
Spontaneity costs:	6
Total:	43

(After Luker)

The first type of costs, "acknowledging costs", which were reported by eleven girls, were mainly concerned with refusing to accept that intercourse was a possibility, let alone a probability.

As Furstenberg (1981) states:

"Clearly, many teenagers are unprepared to assume responsibility for their sexual behavior. This is partly due to the fact that the transition to nonvirginity is seldom premeditated. It follows, then, that the regular use of contraception will be relatively rare among adolescents just beginning to engage in sexual relations. Since most girls or young women do not foresee having intercourse when it first happens, most fail to take the necessary steps to prevent

pregnancy."

Suzanne (16), who declared that she conceived on the one and only occasion she had intercourse, explained:

"I never thought anything like this would happen to me - ... because I wisnae going to do it in the first place."

Quite a number of the girls in the study, like Suzanne, maintained that they had been sexually active on only a few occasions - that is, less than four times. Sixteen girls, or almost a fifth (17%) of the girls in the study stated that they had had intercourse on three occasions or less, and of these girls, a quarter (4 out of 16, or 25%) gave an "acknowledging" cost as their reason for not using contraception.

Eight girls (out of 16, or 50%) said they had had intercourse only once, seven (44%) twice, and one (6%) three times. Of these sixteen girls, just under a fifth (3, or 19%) were less than sixteen years of age, almost two-fifths (6, or 38%) were sixteen, a quarter (4, or 25%) were seventeen, and less than a fifth (3, or 19%) were more than seventeen (Table 5.2).

This means, therefore, that three-quarters (3 out of 4, or 75%) of those under 16, and almost half (6 out of 13, or 46%) of sixteen year olds became pregnant on either the first or second occasion on which intercourse took place.

Table 5.2. Outcome of pregnancy amongst girls reporting

< four occasions of intercourse:

by age and outcome

Outcome	Age				Total
	<16	16	17	>17	
Termination	1	3	-	1	5
Illegitimate birth	2	3	3	-	8
Premarital concep'n	-	-	1	2	3
Total	3	6	4	3	16

Several girls like Angela (15) said she did not know that it was possible to get pregnant on the first occasion of intercourse. Also, many of the others felt that somehow they would not conceive - that, while they knew of others who had had an unwanted pregnancy, it would not happen to them. Luker (1975) describes this "magical thinking". She rejects its description as immature behaviour since she feels that there are factors which make it a reasonable way in which to behave.

"First there is a time-related aspect to risk-taking ...: the longer a risk-taker "gets away with it" the more likely risk-taking is to continue.

Second, ... the chances of getting pregnant are not known to the women themselves: they know that the likelihood is somewhere between zero and one, but they have no way of assessing the likelihood in any one exposure or over the long run.

Third and last, the immediate costs are always more costly than long-term costs, especially when no one knows how likely it is that the long-term costs will in fact become due."

She suggests, then, that for risk-takers, the immediate

costs of contraception are considerably greater than the long-term costs which may or may not be an pregnancy, since there is no certainty that conception will occur. Bury (1984b) describes this phenomenon, explaining that "young teenagers may still believe they are invulnerable".

There were many examples of this; some did not appreciate the extent of the risk, while others had had many episodes of unprotected intercourse and had "got away with it":

"I says to myself it'll never happen to you - two times'll no hurt but it obviously did ..." (Sharon, 15);

"Just thought it wouldnae happen tae me - never happened tae anybody else at school." (Elizabeth, 15);

"if I wanted to have sex I would have - ... - but since I wasn't I didn't go to the doctor for the pill or anything." (Isabel, 17);

"I never even thought about it - I thought I'll no need tae go on the pill - no me." (Jane, 19);

"just didn't think it would happen to me" (Selina, 16).

Lesley (17), on the other hand, said that it was her mother's attitude to contraception that had prevented her doing anything about it:

"because it was really ma mum - she gave me this

idea that if I went on the pill I'd be makin masel cheap an a this - an it sorta stuck wi me - I mean the way she went on about it you'd think it was just sorta hookers an a that were on it - so that sorta put me off because I thought god if she found out she'd kill me - so I never ever thought about it".

In spite of her boyfriend's request that she should use the pill, a similar argument, centering on concern about the attitude of her parents, was put forward by Catriona (18):

"I just never used anythin - ... - he wantet me to go on the pill an I says no - cause I wisnae goin to dae anythin - I wis feared tae go on it tae cause I didnae want ma mum an dad tae ken".

As Bury (1984b) points out:

"Many young women find great difficulty in accepting their need for contraception. If they have been brought up to believe that premarital sex is wrong, they may not intend to have intercourse until it actually happens. ... To plan ahead, and especially to use a method of contraception all the time, would be to accept that they are sexual and that they are intending to have intercourse."

This certainly was the case in this study, since the largest number in this category, sixteen girls, saw the second kind of cost, "planning" as being an important one. These girls included six girls who had had intercourse on less than four occasions. However, although many of the other girls were having sexual intercourse, sometimes quite frequently, they did not anticipate that conception would happen, and so felt

that taking preventive measures were unnecessary. This feeling of invulnerability to pregnancy, the attitude that "it won't happen to me", then, was not only found among those who had intercourse on only a few occasions:

"I never really thought anythin about it - thought that I'd probably never get pregnant ye know - because ye hear of some people who never use anything - ye know - an they never become pregnant - I thought I'd just be one of the lucky people that wouldn't " (Elaine, 16);

"I just never thought of it ever no - no I didn't think it would ever happen to me - it happens to everyone else oh no it'll never happen to me." (Olivia, 17);

"just because I thought we'd got awa wi it that time we'll get awa wi it this time." (Karen, 16).

The third type of costs was "continuing costs" which was reported by ten girls. A typical response, in which the girl concerned viewed the use of contraception as being relationship-specific, was given by Brenda (17):

"I went on the pill an then I just come off it - because - I dae ken - aye because I finished wi the boy I wis gaun oot wi".

The fourth kind of costs in this section was "spontaneity costs" which were given by six girls. Several of the older girls complained that, for them, an

important cost of contraception was the lack of spontaneity caused by using condoms:

"he just felt - he says that he didn't feel I was close enough to him - that there was a barrier between us - ... - it was the bit you know havin to run an sortof put this thing on." (Susan, 19);

"the disadvantage of Durex is that it doesn't feel the same as normal - an it sometimes puts you off havin sex." (Maria, 18);

"we didn't get as much feeling when you did use them - because you had to stop." (Lisa, 18);

"you wouldn't get the - I suppose my boyfriend and I didn't get the full enjoyment out it." (Jane, 19)

The second category of "costs" of contraception put forward by Luker (1975) is that relating to obtaining a method of birth control.

The availability of contraception may not necessarily encourage teenagers to seek it: for many the process of asking for contraception was a situation with which they felt unable to cope.

When asked about places where contraception could be acquired, only four girls out of the whole group (4%) were unable to name at least one source; therefore at least nineteen out of every twenty (96%) knew from whom they could seek birth control. Therefore the reason for the majority of the Fife teenagers not using contraception was not because they did not know where to

go to get it.

Bury (1984b), however, describes the problems facing those who might wish to have intercourse, but who wanted to avoid pregnancy:

"Many young people are reluctant to consult their GP about contraception as they fear embarrassment or lack of confidentiality. If they ask for the Pill and are rebuffed, they may well give up and not try again. They may not know where else to go; indeed, for teenagers in rural areas, there may be no alternative to the family doctor. Even if they know of a clinic they may fear disapproval or embarrassment and may worry that they will have to be examined. If they have to wait a long time for an appointment, they may not be able to sustain their commitment long enough to keep it."

Many of these situations described by Bury had been encountered by the Fife teenagers.

Table 5.3.

<u>Number of respondents reporting</u>	
<u>structural problems and prices</u>	
Costs of obtaining "clinical" contraception:	20
Costs of obtaining "drugstore" contraception:	1
Total:	21
(After Luker)	

Only one comment was made about obtaining "drugstore", or nonmedical, methods of contraception, and the cost, according to one of the youngest teenagers, Nicola (15), was a financial one:

"they don't bother about Durex - some boys do - then you get the others that sort of can't be bothered to fork out 50p every time - so they just don't bother

at all."

This comment was the only one made which referred to the costs as perceived by boys.

However, a large number of comments were made about getting "clinical", or medical, contraceptives.

Several girls were apprehensive as to what the doctor's reaction might be:

"I just felt he would be a wee bit wary of givin me it because he knows that if ma mum and dad did find out the consequences would be worse." (Josephine, 16);

"with me bein young at the time - I wouldn't be served - ma doctor wouldn't give me them - (rather on pill?) - yeh - but I didn't go tae ma doctor." (Laura, 16);

"I wasn't really sure whether he would look down his nose an think but you've just turned 16 - ye know - you shouldn't be havin sex." (Susan, 19).

Further, two girls reported that they had approached their GP, but that their GP had refused to prescribe the pill for them:

"well the first time - when I went an asked him - I was 17 - an he said no at first - ye know - an I thought - well that wis it." (Mary, 19);

"I went to my doctor and it was a lady doctor I seen - and she put me off goin back for a repeat prescription - because she was against havin sex at

that age." (Wendy, 19).

The main problem that was anticipated or experienced was one of "embarrassment":

"embarrassment - I didn't know my doctor very well and I've always been shy about sex and that - so I just couldn't pluck up courage to go and ask."

(Susan, 19);

"well for a start I was too embarrassed to go to the doctor's an ask." (Carla, 17);

"well I had went to the doctor's for the pill - but then it was too late - I supposed I was embarrassed to go to the doctor's - it wis just the way I felt - I was embarassed." (Angela, 17);

"I was very embarrassed - I felt cheap - felt ashamed - I did - I felt cheap - like I always imagined people would be sayin aye ye know ken she's surely sleepin around." (Jane, 19).

Then there was the combination of embarrassment and fear of refusal. As Tracy (18) declared:

"I wis embarrassed - I wis in the doctor's - I went - I made an apppointment wi the doctor - an I wis sittin in the surgery an I'm sayin oh no nuh I'm no gaunnae ask - I want tae go hame - I'll just go oot the noo - an ma name got called so I went in - an he says what can I dae - an I wis feared tae ask him".

Several girls, on the other hand, said they were frightened, rather than embarrassed, to go to the doctor:

"I wis too scared tae go to the doctor's." (Julie, 16);

"I wouldnae have the nerve tae go to ma doctor anyway an ask for the pill - not at that time."
(Carol, 18);

"I wis feared tae go on it tae cause I didnae want ma mum an dad tae ken - I wis feart in case the doctor went an ken telt them so I never bothered."
(Catriona, 18);

"the doctor - I was worried in case he would say no ye're no gettin it." (Elizabeth, 19).

However, it has to be remembered that, at the time when many of these girls were perhaps contemplating going to their GP to ask for the pill, a great deal of publicity was being given to Mrs Gillick's attempt in England to prevent contraception being prescribed without parental approval for those under 16. Although this case did not alter the legal position in Scotland, because of the press coverage many of the girls believed that it would affect their chances of getting the pill and that their parents might be informed.

For two girls the "cost" of obtaining contraception, they maintained, was time. They had been on the pill, but said they could not find the time to go back for a further supply:

"just gaun tae the doctor's - gettin time off ma

work tae gaun tae the doctor's wis hard - I just pit
it aff longer an longer." (Jane, 18);

"an I just never seemed tae get round tae takin time
aff ma work tae go back tae the doctor's - it was
just as simple as that." (Teresa, 19).

It would seem, then, that these girls found the
logistics of getting to the doctor were more of a
problem to them than the fact that they would not be
protected from the risk of pregnancy.

Luker's third category of "costs" are those concerned
with the use of contraception over a period of time.

She explains:

"First, the ongoing practice of contraception calls
for a high level of carry-through all the time.
Second, the attitudes of the men involved may
change dramatically as time goes on or becomes more
salient as the relationship grows."

Many girls in the study found that, even if
contraception was obtained, there were various problems
associated with its use (Table 5.4.).

Table 5.4.

<u>Number of respondents reporting</u> <u>maintaining costs</u>	
Costs of "carry through":	9
Male attitudes:	17
collusion:	2
resistance:	15
Total:	43
(After Luker)	

For nine of the girls, the "maintaining cost" that caused them most difficulty was that of "carry through" - that is, continuing contraception over a period of time during which the relationship was evolving.

"Several studies suggest ... that many teenagers equipped with the means of contraception have difficulty using them over a sustained period."

Furstenberg (1981).

The majority reported that they had problems remembering to take the pill:

"as I say it wis just that sometimes I forgot to take it - ken they'd be lyin there an I'd say did I take it the day or no - say aye take it the day - but ye're mindin fae the day before." (Jeanette, 19);

"well I kep on forgettin tae tak it ..." (Senga, 19);

"I used to forget to take them quite often which was

a disadvantage." (Susan, 19).

Hazel (17) explained that, having used up her supply, she decided not to go back for more:

"I ran out of them - an I didn't bother goin back to the doctor's to get more - I don't know - I just - I don't know - I think I sorta said to myself - I'll give myself a rest off these - but really I should've."

Only one teenager, Marianne (19), who used a nonmedical method, reported that she and her partner had the problem in that they did not always have the condoms available when they were required:

"the only disadvantages were for instance if all our sheaths were in my place and we were at his place - then this was a problem".

The girl's partner had a considerable influence over what method, if any, was used. As Spencer (1984), in her study of young men and their attitudes to birth control, states:

"although boys will admit that in theory both partners are responsible for contraception "It takes two to tango", in practice they frequently take no responsibility ..."

No evidence was presented that any partner was ignorant about contraception - which, of course, may not have been the case, especially since Farrell (1978) identified working class boys - and the majority of the partners in this study were working class - as being a

less well informed group. Further, there were only two instances given which could be described as collusion.

Donna (18) explained:

"he didn't believe in usin contraceptives - an I didn't ...";

"I just stopped takin them altogether - I just stopped it - an I told him - but we still had sex."

(Hazel, 17)

Several of the partners were said to have strong objections to using condoms:

"well ma boyfriend used a contraceptive there - an he did for quite a while - an then he stopped usin them because he didn't like them." (Hazel, 17);

"he wis usin Durex - ... - he wisnae comfortable wearin them." (Wendy, 19);

"it wis nothin - his exact expression - just like goin in a bath with your socks on - says that's what it feels like." (Laura, 16).

Bury (1986b) suggests some reasons why condoms are not a popular method of contraception:

"Both obtaining and using condoms require a degree of confidence that many teenage boys lack."

However, according to Spencer (1984), there may be other psychological reasons:

"To be motivated to use a condom a boy has to accept either that he would be responsible for a pregnancy or that he could be forced to accept responsibility."

Two husbands were said to dislike the idea of their wife using the pill, but Carol's husband (18) was not prepared to take responsibility for contraception:

"well ma husband's against the pill - because he's always hearin stories about cancer an that - ... - but ma husband didn't like usin it (Durex)."

Finally there were those who disapproved of contraception, but were unable to provide a reason:

"he said he didn't like to use Durex or anythin."

(Amanda, 17);

"well it wis him that didnae want tae use any."

(Carol, 16).

There are many side effects, both actual and possible, which affect the use of contraception, and these "costs" were the fourth category put forward by Luker (Table 5.5).

Table 5.5.

<u>Number of respondents reporting</u>	
<u>biological and medical costs</u>	
Side effects - concrete:	12
Side effects - general:	24
Iatrogenic effects - direct:	2
Iatrogenic effects - indirect:	4
Total:	42

(After Luker)

Of "biological and medical" costs, undoubtedly the major one, reported by well over a third (36, or 38%) of the girls in the study, was "side effects", with the most commonly reported problem being an increase in weight, which, among young girls to whom slimness was seen to be desirable, was perceived as being an unacceptable side effect:

"I went on the pill for about a month an a half - an I had to come off it because I got too fat."

(Lynne, 18);

"I come off it cause I wis pittin on too much weight an that - an I went a stretch marks -"

(Karen, 17).

A few said that they had had a number of side effects, especially headaches, and feeling sick:

"I had been on the pill but I'd had side effects so I came off it - an I lost an awful lot of weight an I wis bein sick an bein dizzy an that - ... - so a couple of weeks later I wis still sorta gettin headaches so I just come off it masel." (Shirley, 18).

Typical of the less well-defined reasons given for not using contraception were:

"I wis off the pill because as far as I knew it didn't agree with me anyway - so what wis the point." (Louise, 18);

"I actually went on the pill for a couple o months an then I come off it because I was frightened it

didn't agree with me." (Carol, 19).

Two girls complained about the difficulty they had swallowing the pill, and said that they disliked the taste.

Some girls, however, gave their reasons as the problems they felt might be caused by the pill - it should be said that, at the time of the interviews, there was a great deal of discussion in the media about a link between the pill and cervical cancer - according to Bury (1986a):

"Reports in the media or comments from their parents may cause them to worry about side effects of the opill and if they are not having intercourse very often, they may feel it is not worth risking these."

Several of the teenagers were obviously concerned:

"I was going to go on the pill an I was frightened to go on the pill - with all the talkin about cancer an all this." (Helen, 17);

"I thought I wid dae somethin - and I kept readin - ken everybody wis talkin aboot the pill could dae somethin tae ye - so I just started no takin it."
(Pauline, 19).

However, two girls, Lynn (17) and Susan (19), were more worried about the possibility that their fertility could be affected. The first therefore had decided not to take the pill regularly:

"I wis off an on it - ... - I wis scared cause I'd heard stories that it wid make ye infertile an everythin - ... - they just said it wid stop ye

havin bairns later on - so I just kept on haein a
wee brek fae it." (Lynn, 17);

while the second, for the same reason, chose not to use
chemical methods of contraception:

"I don't believe in the pill - I don't believe in
puttin things into your body to stop you from havin
children - I don't believe in these things."

(Susan, 19).

For Elizabeth (19), however, the problem was a very
different one:

"I just hated havin tae take it - I felt dirty when
I wis takin it - so I stopped takin it."

This is probably a reflection of prevailing local social
attitudes:

"Taking the Pill is associated in the minds of many
adults with casual sex or "promiscuity". Teenagers
are often aware of this attitude and may sometimes
even worry themselves that going on the Pill will
make them "more available".

Bury (1984b)

Jean (17), unusually, considering the restricted
experience reported by most girls, had used several
different methods of contraception, but had problems
with all of them:

"Well I've been on the pill - I've had the coil - an
I've used the sheath - an the pill gies me an awful
thrush - the coil makes me awful sore when I've got
ma periods - an the sheath they're like rubber
wellies - so I didnae like none o them".

(This was Jean's third pregnancy. She had her first baby when she was fifteen, and, having got married when she was sixteen, she had a miscarriage later that year; hence she was very knowledgeable about contraception.)

The influence of iatrogenic costs - that is, costs brought about by doctors - seems to have been small. Some of the information given by the doctor, however, would appear to have been insufficient, or else it was not understood:

"Dr - told me that there's a chance I'll have cancer but he doesnae know - in ma womb - so I come off the pill - cause folk were sayin tae me ye know that the pill gies you cancer an a that - so I come off the pill ... I went tae see aboot the injections an everythin - but the wife pit me aff them for one reason - I don't know - she just says somethin aboot ma blood group an she widnae advise me tae have them - wi me bein negative blood group instead O positive - so I don't know though." (Kathleen, 19);

"Dr - told me not to go on the pill till after seein about yer chest - so I came out of hospital an I didnae want to start takin the pill in the middle of a period." (Karen, 19);

"Dr - says something to me aboot the pill's nae guid for me ken." (Samantha, 18).

Jane (18), who had been using contraception, gave it up,

though, because the prospect of having to have a cervical smear proved too much for her:

"I never went tae the doctor's for any mair - I couldnae be bothered gaun tae the doctor's - cause they said I had tae get a smear an I wisnae wantin tae get a smear or anythin - cause I wis feared tae."

The "costs" of contraception, as perceived by the Fife teenagers, then, if added up, total 149, with most girls giving one, and some giving several.

The cost most frequently given was "side effects - general" which accounted for twenty four responses. These are not the side effects for which there was concrete evidence, but were effects which were thought to be happening, or might happen, and the concern about these side effects seemed to weigh heavily with the largest group of girls.

The second most often frequently cost was the one concerned with "obtaining clinical" contraception, for which there were twenty responses. These girls were afraid and/or embarrassed to go to their GP, or, much less likely, to go to a clinic, in order to get contraception.

The third most mentioned cost was the negative attitude of the partner to contraception (17 responses), and this focussed on either the use of the condom, or the girl's use of the pill.

Fourth in importance was the "planning" cost: sixteen girls found difficulty in defining themselves as being sexually active, and therefore requiring to use contraception.

These four factors, in particular, then, were very potent influences on the use or nonuse of contraception, and thus on the risk of pregnancy.

Use of contraception

Around the time they conceived, two-thirds (62, or 66%) of the Fife girls stated that they were not using any method of contraception, and so were not attempting to control their fertility, while one-third (32 or 34%) were. Of the latter group, fifteen (16%) used a medical method, and seventeen (18%) a nonmedical method.

More than half (16, or 51%) of those who had a termination declared that they had used contraception around the time they became pregnant, as opposed to a quarter (6, or 25%) of those who had an illegitimate birth, and 40% (6) of those who had a premarital conception; this contrasts with only 2 (13%) who had a postmarital conception.

There were, too, differences in contraceptive use around the time of conception between the outcome groups. The majority (16 out of 31, or 52%) of the girls who had a

termination reported that they were using some method of contraception at that time, whereas the majority of the other groups were not - three-fifths (9 out of 15, or 60%) of those who had a premarital conception, three-quarters (24 out of 32, or 75%) of those who had an illegitimate birth, and almost nine-tenths (14 out of 16, or 87%) of those who had a postmarital conception (Table 5.6).

Two-fifths of medical method users came from those who had a termination (6 out of 15, or 40%), with a third (5 out of 15, or 33%) having had an illegitimate birth. The remaining four had had either a premarital conception (2, or 13%) or a postmarital conception (2, or 13%).

The majority of those who had used a nonmedical method had had a termination (10 out of 17, or 59%), with almost a quarter (4, or 24%) having had a premarital conception, and over a sixth (3, or 18%) had had an illegitimate birth.

Table 5.6. Contraceptive use: by outcome,
percentage distribution

Outcome	Method			Total
	Medical	Nonmedical	None	
				(=100%)
Termination	19	32	48	31
Illegitimate birth	16	9	75	32
Premarital concep	13	27	60	15
Postmarital concep	13	-	87	16
Total	16	18	66	94

There are also differences in the contraceptive choice within the various age groups. Of those who used contraception, the 16 and 17 year olds were more likely to use a medical method, while the 18 and 19 year olds favoured a nonmedical method (Table 5.7). This is an anomalous finding since it is usual that the older the teenager, the more likely she is to use a medical method of contraception: as Bury (1984b) states:

"A number of studies have documented ... the shift from less reliable non-medical methods such as withdrawal and condoms to more reliable medical methods especially the oral contraceptive pill."

Farrell (1978) explains, however, that:

"The majority of girls do seem to progress to using more reliable methods, but a small proportion change to less reliable methods. Their reasons for doing so are probably related to preference or partner preference, or reluctance to use birth control services to get more reliable methods."

Table 5.7. Contraceptive use immediately
prior to conception: by age,
percentage distribution

Method	14/15	16/17	18/19	Total
				(=100%)
Medical	-	53	47	15
Nonmedical	-	41	59	17
No method	6	42	52	62
Total	4	44	52	94

Noone aged fourteen or fifteen reported having used a medical method. However, as Table 5.8 shows, of those girls who did use a medical method, there was little difference in use when outcome and age are considered. The numbers involved are small, but, with the exception of those who had a postmarital conception, a similar number in each of the two age ranges in the different outcome groups reported having used a medical method.

Table 5.8. Use of medical method immediately
prior to conception: by age,
percentage distribution

Outcome	16/17	18/19	Total (=100%)
Termination	50	50	6
Illegitimate birth	40	60	5
Premarital concep	50	50	2
Postmarital concep	100	-	2
Total	53	47	15

Similarly, as with the use of medical methods, the numbers who had used a nonmedical method were small, but more eighteen and nineteen year olds reported using these methods (10 out of 17, or 59%) than did the sixteen and seventeen year olds (7, or 41%). By far the biggest group to report the use of nonmedical methods was those who had a termination, where almost a third (10 out of 31, or 32%) reported using a nonmedical method, and, of these girls, three-fifths (6 out of 10, or 60%) were aged eighteen and nineteen (Table 5.9).

Table 5.9. Use of nonmedical method immediately
prior to conception: by age,
percentage distribution

Outcome	16/17	18/19	Total (=100%)
Termination	40	60	10
Illegitimate birth	66	33	3
Premarital concep	25	75	4
Total	41	59	17

Of those who did not use contraception, the largest group was the eighteen and nineteen year olds, who accounted for just over half (52%) of the nonusers. This age range contained the majority of nonusers in every outcome group, except for those who had a termination where just over a quarter (4 out of 15, or 27%) were eighteen or nineteen, with the sixteen and seventeen year olds accounting for three-fifths (9 out of 15, or 60%). Over three-quarters (11 out of 14, or 79%) of those who had a postmarital conception, over half (5 out of 9, or 56%) of those who had a premarital conception, and half (12 out of 24, or 50%) of those who had an illegitimate birth were in the oldest age group (Table 5.10).

Table 5.10. Nonuse of contraception immediately
prior to conception: by age,
percentage distribution

Outcome	14/15	16/17	18/19	Total (=100%)
Termination	13	60	27	15
Illegitimate birth	8	42	50	24
Premarital concep	-	44	56	9
Postmarital concep	-	21	79	14
Total	6	42	52	62

It is the case, of course, that the older girls, especially those who were married when they became nonusers, were more likely to have discontinued using contraception in order to become pregnant, rather than to have been a "never-user".

Of the nonusers immediately prior to conception, it was found that over half (35 out of 62, or 56%) had used contraception at some time in the past. The method which had been favoured most by those in the nonuser group who had at some time used contraception was a medical one, with at least four-fifths (28 out of 35, or 80%) using this method. Further, this figure for use of a medical method may possibly have been up to 94% in total since it was likely to have been one of the methods employed by the girls who had used more than one

method of contraception (Table 5.11).

Table 5.11. Method previously used,
percentage distribution

Outcome	Medical	Nonmedical	>One	Total
				(=100%)
Termination	89	11	-	9
Illegitimate birth	91	9	-	11
Premarital concep'n	100	-	-	2
Postmarital concep'n	62	-	38	13
Total	80	6	14	35

When the relative distribution of nonusers in each age band is considered, it is found that, although the proportion of nonusers among 16 year olds (8 out of 13, or 61%) is little different to that of the 19 year olds (18 out of 27, or 66%), three-quarters (6 out of 8, or 75%) of these 16 year olds were never users, compared to just over a tenth (3 out of 18, or 11%) of the 19 year olds. This suggests that the reasons for nonuse of contraception at the time of conception by the older girls were likely to be different to those of the younger ones.

Intention regarding conception

Some of the pregnancies, then, were planned, but many were not. Further, some of the pregnancies were wanted - that is, they were not necessarily planned, but were

not conceived by mistake - while many were not. While less than a third (31%) were planned, over two-thirds (69%) of the pregnancies in the study were reported as being not planned, and almost two-thirds (62%) were unwanted, with a further six (6%) of the girls being unsure as to whether they wanted the pregnancy or not (Table 5.12).

Table 5.12. Reported intention about and attitude to pregnancy

Planned and wanted	26	(28%)
Planned and unwanted	3	(3%)
Not planned and wanted	4	(4%)
Not planned and unwanted	55	(59%)
Not planned and unsure	6	(6%)
Total	94	(100%)

It would seem that all the girls who had a planned illegitimate birth and a planned postmarital conception welcomed the pregnancy. However, over a quarter (2 out of 7, or 29%) of the girls, who had a premarital conception and said that they had planned to conceive, had regrets about it, as did the only girl whose reportedly planned pregnancy ended in an abortion (Table 5.13).

Table 5.13.

Pregnancies planned: by outcome

Outcome	Wanted	Unwanted	Total
Termination	-	1	1
Illegitimate birth	8	-	8
Premarital concep'n	5	2	7
Postmarital concep'n	13	-	13
Total	90%	10%	29

It is sometimes suggested that one of the reasons for seeking pregnancy is the possibility of getting married, and obviously all those who had premarital pregnancies married when pregnant.

However, when those who were not using contraception around the time they became pregnant were asked if they had expected that they would marry if they became pregnant, only nine girls (out of 62, or 15%), eight who had premarital pregnancies, and one who had an illegitimate birth, indicated that that was what they expected would happen (see Chapter 7). These nine girls represent less than a fifth (19% of 48) of this nonuser group who were unmarried at the time of conception.

It is also suggested that some girls set out to become pregnant in order to get a house of their own, and/or to get Social Security benefits. However, the evidence from these Fife teenagers agrees with Bury's (1984b) statement:

"Some mention the possibility of getting a house of their own, of being independent, as factors that

affect their acceptance of the pregnancy once it has occurred, although none cite these as a reason for the pregnancy in the first place."

In fact, as already shown in Table 3.20, almost three-quarters of the girls (23 out of 32, or 72%) who had an illegitimate birth, and over a quarter (4 out of 15, or 27%) of those who had married when pregnant were, at the time of the interview, living at home. Several girls had applied for a council house but were expecting to have to wait at least several months before they would be offered one. One girl, though, who had had an illegitimate birth, expected to get her own house fairly soon after leaving hospital:

"anything from about 6 weeks to a couple of month - dependin on how quick they take your circumstances - just hope they take it pretty quick - well I think ma family would help me out a little bit - an I would probably need to apply to Social Security for things that I might need - but I'll try as much as possible to do what I can of my own ..." (Debbie, 17).

Linda (18), however, expected to have to wait longer:

"aboot 6 months somebody telt me - cause they had a bairn an they werenae married an they got one in 6 month - an ma house is a wee bit overcrowded - ... - so I might get it for being overcrowded."

It seems that getting a house was not as easy for these girls as is sometimes made out. Nor was it easy for

some to get help from Social Security:

"That's another thing that came through in this pregnancy - just how difficult it is to get any money from the DHSS." (Marianne, 19)

Indeed, several girls stated quite categorically that they did not want to have to go to the DHSS.

"It'll be a helluva lot hard financially - cause if I never had mum an dad I'd be out sort of in a flat because the Social Security is really good - I wasn't all that keen on going into a flat - I didn't like the idea of take take take an everything."

(Josephine, 16)

One girl, Lorraine (17), said that the major reason for having an abortion was that she did not want to have to rely on DHSS payments to bring up a baby:

"I says tae him there's nae way ye could gie me money tae keep the bairn plus yersel an yer mum - I says it wouldnae work oot - I says another thing I wouldnae be wantin the average Social Security allowance - that wis ken the main reason I had this abortion - cause I didnae want tae stay on Social Security ..."

As one might expect, the majority of unplanned pregnancies were unwanted. Of those who had a termination, over nine-tenths (28 out of 30, or 93%) reported that they had neither intended nor sought to become pregnant, along with three-quarters (18 out of

24, or 75%) of those who had an illegitimate birth, just under half (7 out of 8, or 88%) of premarital conceptions, and two-thirds (2 out of 3, or 66%) of those who had an unplanned postmarital conception (Table 5.14).

Table 5.14.

Pregnancies not planned:

Outcome	<u>by outcome</u>			Total
	Wanted	Unwanted	Unsure	
Termination	1	28	1	30
Illegitimate birth	3	18	3	24
Premarital concep	-	7	1	8
Postmarital concep	-	2	1	3
Total	6%	85%	9%	65

Planned pregnancy

As already stated, a number of the girls who did not use contraception would have made that decision because they wanted to become pregnant. In the Fife study, almost a third (29 out of 94, or 31%) of the girls said that they had planned to conceive (Table 5.10). A similar finding is reported by Smith (1983) who found that over a third (35%) of those in his study had planned their pregnancy, and "consistent with this, had not used birth control around the time they became pregnant". Of these 29 Fife girls who said that they had intended to become

pregnant, more than four-fifths (25, or 86%) reported that, "consistent with this", they had not been using contraception around the time they became pregnant (Table 5.15).

Table 5.15. Pregnancies planned by nonusers:
by outcome and age,
percentage distribution

Outcome	16	17	18	19	Total
					(=100%)
Illegitimate birth	1	2	2	3	8
Premarital concep	-	2	1	1	4
Postmarital concep	-	3	2	8	13
Total	4%	28%	20%	48%	25

Therefore, as the above table shows, of those who had not used contraception, thirteen, or all but three (out of 16, or 81%) of those who had a postmarital conception maintained that they had intended to become pregnant, as did a quarter (8 out of 32, or 25%) of those who had an illegitimate birth, and just over a quarter (4 out of 15, or 27%) of those who became pregnant before they married. Further, of these planned pregnancies, only one girl was who said her pregnancy was planned was sixteen, whereas almost half (13, or 48%) of this group were aged 19, not unexpectedly, since the older the girl, the more likely she was to have been sexually active longer, and/or to be married.

When the three variables of previous use of contraception, a planned pregnancy and a wanted pregnancy are combined in order to better determine those who would seem to have given up using contraception in order to conceive, it is found that a fifth of the Fife girls (20 out of 94, or 21%) come into this category. It would seem that three-quarters (12 out of 16, or 75%) of postmarital conceptions, almost a fifth (6 out of 32, or 19%) of illegitimate births, and an eighth (2 out of 15, or 13%) of premarital conceptions fulfill these three conditions (Table 5.16).

Table 5.16.

Outcome	<u>Pregnancy planned and wanted</u> <u>by nonusers: by age,</u>				
	16	17	18	19	Total
Illegitimate birth	1	1	2	2	6
Premarital concep	-	-	1	1	2
Postmarital concep	-	3	1	8	12
Total	5%	20%	20%	55%	20

Further, five pregnancies (of the 94, or 8%), that is, two illegitimate births, one postmarital conception and two premarital conceptions, fulfilled two of the conditions, being reported to be both planned and wanted by girls who had never used contraception. Further, one girl, a nineteen year old who had a premarital

pregnancy, and who said that she had used contraception, nevertheless insisted that her pregnancy was both planned and wanted.

It would seem, therefore, that over a quarter (26 out of 94, or 28%) of the teenage pregnancies in this study were actively sought and welcomed.

Unplanned pregnancy

However, over two-thirds (65 out of 94, or 69%) of the teenagers in the study had not set out to become pregnant.

Almost all (30 out of 31, or 97%) of those who had a termination, three-quarters (24 out of 32, or 75%) of those who had an illegitimate birth, and over half (8 out of 15, or 53%) of those who had a premarital pregnancy stated they did not intend to become pregnant.

Of these unplanned pregnancies, well over four-fifths (55 out of 65, or 85%) were said to be unwanted, with the remainder (4 out of 65, or 6%) being reported as either being wanted, or else the girl was unsure as to how she felt about it (6 out of 65, or 9%) (Table 5.14). Almost a third (20 out of 65, or 31%) of the girls who had an unplanned pregnancy were seventeen, just over a quarter (17 out of 65, or 26%) were eighteen, while almost a quarter (15 out of 65, or 23%) were sixteen or younger (Table 5.17).

Table 5.17.

Pregnancies not planned:
by age, percentage distribution

Outcome	Age					Total
	<16	16	17	18	19	
						(=100%)
Termination	7	20	30	30	13	30
Illegitimate birth	8	21	25	21	25	24
Premarital concep	-	-	50	25	25	8
Postmarital concep	-	-	33	33	33	3
Total	6	17	31	26	20	65

However, in spite of so many of these pregnancies being both unplanned and unwanted, well over half (37 out of 65, or 57%) of those who indicated that they had not set out to become pregnant had not used contraception around the time of conception. Exactly half (16, or 50%) of the illegitimate births, almost half (15, or 48%) of the terminations, and a third (5, or 33%) of the premarital conceptions were unplanned, but no attempt had been made to prevent a possible conception (Table 5.18).

Table 5.18.

Pregnancies not planned by nonusers:
by age, percentage distribution

Outcome	Age					Total
	<16	16	17	18	19	
						(=100%)
Termination	13	20	40	20	7	15
Illegitimate birth	13	25	19	25	19	16
Premarital concep	-	-	40	20	40	5
Postmarital concep	-	-	-	100	-	1
Total	11	19	30	24	16	37

Of the 65 girls who had not sought to become pregnant, however, almost half (28 out of 65, or 43%) - including just less than half (15 out of 31, or 48%) of those who had had a termination, a quarter (8 out of 32, or 25%) of those who had had an illegitimate birth, and a fifth (3 out of 15, or 20%) of those who had a premarital conception - maintained that they had used contraception around the time that conception occurred.

This finding is rather different to that of Simms and Smith (1986) who report:

"Although over half the women said they did not intend to become pregnant, only a fifth of them reported using birth control around the time they conceived."

It would seem, then, that this group of teenagers, the contraceptive users who had an unplanned pregnancy, had either used a less reliable method of contraception or had used an reliable method less effectively, but that they had attempted, if unsuccessfully, to control their

fertility. Half of the girls, in fact, (14 out of 28, or 50%) reported having used a nonmedical method, and the other half a medical method.

When related to "costs", there was no one cost which appeared to be particularly influential. The cost most often mentioned by this group, however, was that of obtaining "clinical" contraceptives, a response given by seven girls, with that of "general side effects" reported by six, and "acknowledging costs" singled out by four of the teenagers.

In this study, though, while the majority of the girls had at some time used some method of contraception, a substantial proportion had never used contraception. Almost a third (29%) of the Fife girls, rather fewer than reported by Dunnell (1979) or Farrell (1978) had never used any method of contraception, and this figure rises to 33% (26 out of 78) when only the girls who were unmarried at the time of conception are considered. Farrell reports that only 6% of the sexually experienced 16-19 year old girls had never used contraception, while Dunnell, for sexually experienced single girls, gives a composite figure of 9% for never-users in the 16-19 age group.

As can be seen in Table 5.19. below, almost half (47%) of those who had a premarital pregnancy, and over two-fifths (41%) of those who had an illegitimate birth

had never used contraception.

Table 5.19. Contraceptive use: by outcome,
percentage distribution

Outcome	Ever used	Never used	Total (=100%)
Termination	81	19	31
Illegitimate birth	59	41	32
Premarital concep'n	53	47	15
Postmarital concep'n	94	6	16
Total	71	29	94

When the outcome of the pregnancy, and the ages of the never-users are examined, the following picture emerges.

The largest number of never-users, then, were seventeen years old, but, when these figures are compared with the total numbers in each age group, it is found that 75% (3 out of 4) of those under sixteen, almost half (6 out of 13, or 46%) of sixteen year olds, but just over a third (10 out of 28, or 36%) of seventeen year olds, and only a sixth (8 out of 49, or 16%) of those over seventeen had never used contraception (Table 5.20).

Table 5.20.

Never users of contraception:
by outcome and age,
percentage distribution

Outcome	Age				Total
	<16	16	17	>17	
					(=100%)
Termination	17	33	50	-	6
Illegitimate birth	15	31	23	31	13
Premarital concep	-	-	57	43	7
Postmarital concep	-	-	-	100	1
Total	11	22	37	30	27

Almost three-fifths (16, or 59%) of these never-users had intercourse on three occasions or less. Therefore, as one might expect, the younger the girl, the more likely she was to be a sexually inexperienced never-user. As Bury (1986a) states:

"the younger teenagers ... may find it difficult to accept their need for contraception."

When linked with intention, it is found that almost two-thirds (17 out of 27, or 63%) of these never-users declared that the pregnancy was both unplanned and unwanted, with a further two girls, while stating that the pregnancy was unplanned, were unsure about how they felt about the pregnancy. Thus, well over two-thirds (19 out of 27, or 70%) of the never-user group had an unintended pregnancy which was not positively wanted. The "costs" reported by these girls who had never used contraception were varied, but well over a third (10 out

of 27, or 37%) put forward a reason concerning "planning"; that is, they did not anticipate having intercourse and therefore did not seek contraception. Further, more than a fifth (6 out of 27, or 22%) gave an "acknowledging" cost by means of which she was able not to admit to herself or to others that she was sexually active.

The nature of the relationship

The way in which the relationship is perceived by the girl also has a considerable influence on whether it is felt that contraception is necessary. A degree of commitment to a relationship has to be felt, usually, before it is felt necessary that contraception should be used. According to Skinner (1985) "the use of contraception in the context of a serious relationship being the key".

Bury (1986a) points out:

"Contraception is far less likely to be used in a casual relationship than in a committed, stable relationship. This has always tended to be the case and has not changed over the years."

However, in this study this is not clearly demonstrated.

Of the 27 never-users, only a third (9, or 33%), of whom five had had an illegitimate birth and four a termination, said they had no regular boyfriend, while over a quarter (7, or 26%) claimed to be "going steady" and two said they were engaged. The remaining third (9, or 33%) were married, and of these the majority (7, or 78%) married after they became pregnant. However, of

those who had a premarital pregnancy, only one claimed that she had been going out with her boyfriend less than six months before she conceived. A rejection of contraception, then, may have signified that one partner was, or both partners were, unwilling to accept the responsibility that commitment to a relationship brings.

Discussion

It is sometimes believed that teenagers become pregnant through lack of knowledge or understanding of conception and contraception - what Luker (1975) describes as the "contraceptive ignorance" theory.

However, just as she discounts this theory for the women in her study, so it can be discounted for these Fife teenagers, since the majority of them knew not only about contraception, but also where to get it. As has been shown, of those who did not use contraception immediately before they became pregnant, well over half (35 out of 62, or 56%) had previously been contraceptive users. What this demonstrates, then, is that the majority of the girls in this study were not lacking in knowledge about birth control. Indeed almost three-quarters (71%) of the teenagers had used a method of contraception at some time.

Further, only four (6%) girls - a 17 and a 19 year old who had a premarital conception, and a 15 and 16 year old who had a termination - were unable to name a source where contraception could be acquired.

Two-thirds (62 out of 94, or 66%) of the girls in this study, though, were not using contraception around the time they conceived.

It goes without saying that some of those who were not using contraception had done so deliberately, having planned to conceive. Of those who had not used contraception, two-fifths (25 out of 62, or 40%) reported that they had planned to become pregnant - eight girls (out of 32, or 25%) who had had an illegitimate birth, thirteen (out of 16, or 81%) who had had a postmarital conception, and four (out of 15, or 27%) who had had a premarital conception, and these girls tended to be among the older teenagers.

This means, then, that three-fifths (37 out of 62, or 60%) of the nonusers, or almost two-fifths (39%) of the girls in the study, were risk-takers because of not using contraception, while over a third (32 out of 94, or 34%) of the users had become pregnant through the use of less effective methods or the less efficient use of more effective methods. Therefore, just less than three-quarters (69 out of 94, or 73%) of the Fife teenagers could be defined as risk-takers.

The reasons given by the girls for not using contraception, or for using less reliable methods, and so risking pregnancy were able to be described by almost each and every girl. Thus it was not the case that they did not realise what they were doing. Often they knew

exactly what they were doing and why, and they could quantify what the costs of contraception were to them, so demonstrating that Luker's (1975) "decision making" theory applies equally well to teenagers, although, as would be expected, the relative importance of the various costs was different.

The most frequently given cost was related to the possible side effects of contraception, although the problem of acquiring contraception came a close second, with fear and embarrassment being the main contributory factors.

The influence of the partner was the third most commonly given cost. Many partners disliked using condoms, and some were not happy about their partner being on the pill.

The fourth cost, given mostly by younger teenagers, was that of "planning" - that is, they had great difficulty in perceiving themselves as being sexually active and therefore requiring to use contraception. Indeed, a sixth (16 out of 94, or 17%) of the girls in the study had intercourse on three occasions or less.

In this study, then, were teenagers who, if unsuccessfully, had tried to prevent pregnancy, and there were the nonusers who had been willing to risk pregnancy. If it is hoped to prevent the unintended and unwanted pregnancies, then these costs of contraception as perceived by the girls themselves must be taken into consideration by the policy-makers. This, hopefully,

would make it possible to provide the sort of service which would both inform and guide teenagers and their partners about contraception in a way that would be acceptable to them. Only when this right kind of service is provided might they then perceive that contraception has benefits rather than costs.

CHAPTER 6

THE RESPONSE TO PREGNANCY

"Just as the use of contraception has potential costs attached to it, which can be activated under certain social conditions, so a pregnancy has certain potential benefits attached to it, even if it ultimately ends in a therapeutic abortion."

Luker (1975)

These benefits, which are wide-ranging, Luker emphasises are perceived benefits only, since the reality of the situation which confronts the woman when the pregnancy test is positive, may cause these seemingly potential benefits to evaporate.

She states:

"In order to understand the potential benefits assigned to pregnancy by risk-taking women, it is important to realise that pregnancy is more than a biological occurrence; it is an event of immense social significance. It connotes fertility, femininity, adulthood, independence, and a wide variety of other meanings. Thus the potential payoffs of a pregnancy include being able to take on the attributes and privileges which society assigns to pregnant women."

Bury (1984b), in her comprehensive overview of teenage pregnancy in Britain, lists the costs and benefits of pregnancy to teenagers - and not only to the risk-takers, although, as she points out, many teenagers can be classified as such - as (Table 6.1):

Table 6.1. The Benefits and Costs of Pregnancy

<u>Benefits</u>	<u>Costs</u>
Of pregnancy itself:	loss of education
proof of fertility	loss of career
punishment/rebellion	more limited
against parents	opportunities
attention/love	financial disadvantages
test relationship	shame
proof of femininity/	parental disapproval
virility	
proof of maturity	
Of motherhood:	
independence (eg) own house	
status	
attention	
love of, and by, baby	

Since almost one-third of the girls in this study stated that they had intended to become pregnant, this would seem to indicate that at least some of the benefits of pregnancy were considered to be highly desirable, that the perceived disadvantages of having a baby while a teenager were outweighed by the perceived advantages, to the extent that pregnancy was actively sought by them.

As Wells (1983) states:

"any suspicion that teenage pregnancies can universally be seen as unfortunate mistakes resulting from promiscuous behaviour is misguided and should be clearly dispelled."

He reports that, in the Bristol Bookings Study carried out in late 1980 and early 1981, the teenage pregnancy was planned in 29% of the cases. However, Simms and Smith (1986) recorded that 46% of the pregnancies in their study of teenage mothers were planned.

As already indicated (Table 5.12), in this study almost a third (29, or 31%) of the girls stated that they had intended to become pregnant. However, unlike the above studies, the Fife one included teenagers who had had terminations, and when they are excluded from the calculations, it is found that 44% (28 out of 63) of the girls who had had a baby maintained that the pregnancy was intended, a finding that corresponds closely to that of Simms and Smith.

It is possible, of course, that some of these were post hoc explanations since at the time of interview, with the exception of the one girl who had a termination, all the girls had very recently given birth, and most were highly delighted about their newborn babies and were enjoying the attention that they getting from family and friends. Had the girls been interviewed soon after the pregnancy had been confirmed, as was the case in the Bristol study, it is possible that the reported number of planned pregnancies would have been lower.

When the planned pregnancies are considered according to the age of the girl and the outcome of the pregnancy, it is seen that more older than younger girls declared that the pregnancy was planned. Of the planned pregnancies, almost half (14 out of 29, or 48%) of the girls were 19 years of age, while less than a tenth (2 out of 29, or 7%) were 16 (Table 6.2).

Therefore, in the group as a whole, less than a sixth (2 out of 13, or 15%) of the pregnancies of the 16 year olds were reported to be planned, as were less than a third (8 out of 28, or 29%) of the pregnancies of the 17 year olds, and less than a quarter (5 out of 22, or 23%) of the pregnancies of the 18 year olds. However, over half (14 out of 27, or 52%) of the pregnancies of the 19 year olds were said to be intended.

Table 6.2. Planned pregnancies: by age and outcome

Outcome	Age				Total
	16	17	18	19	
Termination	1	-	-	-	1
Illegitimate birth	1	2	2	3	8
Premarital concep	-	3	1	3	7
Postmarital concep	-	3	2	8	13
Total	2	8	5	14	29

Over four-fifths (13 out of 16, or 81%) of the girls who had a postmarital conception, then, claimed to have planned to get pregnant, as did almost half (7 out of

15, or 47%) of the girls who became premaritally pregnant, whereas only a quarter (8 out of 32, or 25%) of those who had illegitimate births, and only one girl (of 31, or 3%) who had a termination said that their pregnancy was planned.

When asked why it had been decided that she should get pregnant, most of the girls who had a postmarital conception gave one or both of two main reasons. For these married teenage mothers, the reasons were likely to be very different to those of the unmarried, and mostly younger, girls. There was, for instance, no need for them to test out their relationship, since their partners had already demonstrated their commitment to the relationship by getting married. Nor, in the majority of cases, was it an attempt to prove their fertility, since over three-fifths (8 out of 13, or 62%) had already been pregnant - for seven it was their second pregnancy, and for one, Jean (17), it was her third.

The benefits which seemed most important to this group of mothers centred round having their family when they were young.

Firstly, they wanted to be a young mother:

"I was thinkin that I'd rather have one young so that by the time it was old enough to look after itsel I'd still be young enough to enjoy life to the full." (Susan, 19).

This was echoed by Jeanette (19), Elizabeth (19), and Carol (19).

Secondly, and this applied to those who had already been pregnant like Wendy (19), Donna (17), Jean (17) and Julie (19), that they did not want a large gap between the birth of her children.

Further, there were those, like Tina (18), Fiona (19) and Agnes (19), who gave both reasons. Tina explained:

"because I didn't want a big gap between ma children - I also wanted to be young myself when they were older so that me an ma husband still had a chance really to hit the town or more or less have a good time."

The remaining two girls who had a postmarital conception said that the reason they decided to have a baby was simply because they and their husbands wanted to have a family.

"I think we both just wanted a family of our own ken - never really thought about it that way - just wanted a family." (Katherine, 17);

"I widnae say it was a guid time tae have one - an noo no especially wi baith of us no workin - ... - but it's mair or less what we wanted - so that wis it - he's fair pleased at bein a daddy." (Irene, 18).

Thoughts of family formation and the size of family were not uppermost in the thoughts of most of the girls who

were unmarried at the time the planning of the pregnancy took place.

Seven premarital conceptions (47% of all premarital conceptions) were reported to be planned. In six cases, namely those of Margaret (19), Marianne (19), Donna (17), Susan (19), Elaine (18) and Grace (17), the main reason for deciding on the pregnancy was that both partners wanted to have a baby. Often it seemed that the proof of fertility, and of virility, were important, as was the testing of the relationship.

"he wis wantin tae have a baby right away - oh aye he wis dyin tae be a dad - ... - he just loved bairns - ... - he says I'd love ken a baby an that - an we tried the first time - this wis April I think - an eh nothin happened - so we tried again - an then when I telt him ken he wis fair over the moon."

(Margaret, 19);

"well he really wanted a bairn - an I really wanted one as well - cause he wis dyin tae be a dad."

(Donna, 17).

However, Susan (19) and Grace (17) gave further reasons as to why it was decided that they should conceive. For Susan's boyfriend it was a means of securing their relationship:

"he said that he wis frightened in case he lost me an he thought it wis the only way he could keep me"; while for Grace and her boyfriend it was a way of forcing their families into accepting that they should

marry:

"well we decided we were goin to get married - but we wanted to get married early - an we thought everybody would be wantin to say oh wait a couple o years an get engaged an save up an a the rest o it - ... - so we decided we'd have a baby." (Grace, 17).

In this group, only Paula (17) gave a different answer; like many in the postmarital conception group, she said she was concerned about the age at which she became pregnant:

"well if I'd waited till I wis older I wid be too old an the bairn wid just be growin up an I widnae have the fun o bein able tae play wi'm - so if I had it when I wis young I'd be able tae watch it grow up quicker".

A quarter of the girls who had an illegitimate baby (8 out of 32, or 25%) said that the pregnancy was intentional. Again the main reason given, in seven cases, (Agnes, 19; Amanda, 17; Pamela, 18; Carol, 19; Elaine, 16; Elizabeth, 17; Linda, 18), was that both the girl and her partner agreed that she should become pregnant, that to conceive would be a way of proving their love for one another:

"I thought noo I'll hae wan wi us bein engaged - that wis mair or less the reason I had it - an he wis wantin wan an all ken - he wantet me tae hae wan though - ken us tae hae wan atween - ken somethin

that belonged tae baith o us." (Agnes, 19);

"well in the main I loved John ken - an he loved me
- an I just wanted to - I wanted tae be pregnant
again - ... - an I wantet tae hae John's bairn."
(Carol, 19).

For two of the younger girls, Elaine (16) and Elizabeth (17), however, the main reason would appear to have been to allow their partners to prove their virility, since the girls said that they agreed to become pregnant because their boyfriend asked them to.

Elaine was fifteen when it was planned that she should have a baby. She said it was immediately after she found out about the circumstances in which her boyfriend aged 20, who had been in the Army in Ireland, had been shot, a subject which he would never discuss with her:

"10 minutes later he asked if I'd have a child for him ... - I says oh I was still at school - an I says crikey I'll have to think about that - I says I'm only young - he says you mean a lot to me - ... - so I says I would think about it - an I decided yes."

When asked why he wanted her to have a baby, she replied:

"I never asked him - I don't know - somethin of his own - somethin of mine."

She gave her reasons as:

"because he meant that much to me - and said I

would do anythin for him - sortae he meant that much to me."

Like Elaine, Elizabeth (17) agreed to her boyfriend's request that she should become pregnant but she had not known why he wanted her to:

"he wanted a family just now - (why?) - he never really said."

When questioned as to whether she had asked him what his reasons were, she said she had not, but that she was willing to have his baby. However, unlike Elaine, whose boyfriend had looked after her very well during her pregnancy, Elizabeth's partner had had nothing to do with her. However, when the baby was born, he wanted to see Elizabeth, and had told his mother that he wanted to get engaged and had bought the ring. Elizabeth was seriously considering getting engaged.

It would seem to be an important reflection on the nature of the relationship these girls had with their boyfriends, and on their passive and dependent role within that relationship, that neither felt it necessary to establish the reason why they were being asked to become pregnant.

The one girl who gave a different reason was Madeline (19), who, having a two year old son already, was more concerned, like the girls who had had a postmarital conception and had been pregnant before, with the gap between her children, and her own age:

"I felt 2 years between the bairns would be soon enough - I felt I wis ready fur another wan - I felt I'd like to have ma children young."

Laura (16), who had a termination, said that she had planned to become pregnant. For Laura, as well as demonstrating her love for her boyfriend by becoming pregnant, it seemed that she was rebelling against her parents, particularly her father. She had been staying with her boyfriend, who was 24, for four months because she had left home because she was constantly arguing with her father. Her mother, who did not know about the pregnancy, not only approved of the arrangement, but also gave Laura some financial support; she wanted Laura to get married "cause ma mum doesn't like the idea of people livin in sin". Laura maintained that she and her boyfriend would get married, but "not till I'm 20 at least". An engagement party was planned for two months after the interview.

For Laura and her partner, however, it seemed that the costs of pregnancy eventually outweighed the benefits, that the limiting of opportunities and the financial problems that a baby would create could not be faced at that time:

"he said it would be nice but I would ruin ma future - ... - he broke down the other night cause Mike wants me to have it - he wants me to have it but he knows at the same time I couldn't really have it -

because I couldn't afford it or nothin like that."

When asked further about the reasons for having an abortion, Laura said:

"because I was so young - I wasn't married - I'm not married - I'm that young - we can't afford it cause the flat we're in just now - it's a bought flat but it's only one bedroom - 's a lot o reasons why we couldnae have a baby but we both wanted it deep down."

It goes without saying that the reactions of those who set out to become pregnant were likely to differ from those whose pregnancies were unintentional and unwanted (Table 6.3). In general, those who wanted to conceive were pleased and were anxious to have confirmation that they were, while those who had not set out to become pregnant had not given any thought to the possibility of conceiving, and so were not happy. A very common attitude expressed by the latter group was that they had felt that "it wouldn't happen to me":

"I suppose wis just one o them that thought it wouldnae happen tae me." (Samantha, 18);

"just thought it wouldnae happen tae me - never happened tae anybody else at school." (Elizabeth, 15);

"I says to myself it'll never happen to you - two times'll no hurt - but it obviously it did."

(Sharon, 14);

"but I never really thought ken - as everybody says
I never thought it wid happen tae me ..." (Lynn,
17)

The feelings which were expressed at the point at which the girls realised that they might be pregnant were very varied. The largest group, just over a third (30, or 34%) reported that they were upset at the prospect of being pregnant. A slightly smaller number (28, or 32%) said that they had had mixed feelings, with a quarter (22, or 25%) maintaining that they were happy that they might be pregnant. This means, therefore, that two-thirds (66%) of the girls in the study were not altogether unhappy about the possibility of being pregnant - and this includes many whose pregnancies were unplanned - which would seem to agree with Luker's (1975) hypothesis that to those who have conceived there are perceived benefits of pregnancy whatever its eventual outcome.

Of the group who stated that they were happy at the thought that they might have conceived, most (19 out of 22, or 86%), as would be expected, were those who had stated that it had been their intention to become pregnant. Conversely, of those who were unhappy when they thought they might be pregnant, the vast majority (28 out of 30, or 93%) had not planned to be.

Table 6.3.

Feelings about possible pregnancy,
percentage distribution

Outcome	Happy	Not	Mixed	None	Total
	Happy Feelings				(=100%)
Termination	-	60	27	13	30
Illegitimate birth	25	29	39	7	28
Premarital concep'n	50	14	29	7	14
Postmarital concep'n	50	13	31	6	16
Total	25	34	32	9	88

For the girls in the study the confirmation of the pregnancy was greeted with pleasure, with regret and with mixed feelings in almost equal measure (Table 6.4).

As Macintyre (1977) points out:

"The literature suggests not only that conception in single women is a social problem, but also that it is a problem for the individual and that the individual women will respond to it as such. This view implies that pregnancy is not desired by single women, that they will respond to it with distress, and that following confirmation of pregnancy they will search for means of resolving "the problem".

The accounts provided by the women interviewed, and their pregnancy careers, belie the universal applicability of such a model, and instead suggest considerable diversity in responses to pregnancy."

This "considerable diversity in responses" was evident in this study of teenagers, and not only among the single women.

Table 6.4.

Feelings on confirmation
of pregnancy,
percentage distribution

Outcome	Happy	Not	Mixed	None	Total
		Happy	Feelings		(=100%)
Termination	6	52	32	10	31
Illegitimate birth	34	19	38	9	32
Premarital concep'n	60	7	33	-	15
Postmarital concep'n	69	6	25	-	16
Total	35	26	33	6	94

Of the girls who had intended to become pregnant, over four-fifths (24 out of 29, or 83%) declared that they were delighted when they knew definitely that they were pregnant - the most common reaction to the confirmation of the pregnancy was being "over the moon":

"since I've been wee I've - everybody roond about me's had a baby in their airms - an I always said I wish I could have one an then I wis sorta feart maybe I would get left an everybody else would have a family an I'd - I wanted a bairn - he wanted one as well - so when I fell pregnant we were baith ower the moon wi it." (Paula, 17);

"I wis delighted - kept lookin at ma belly an imaginin things happenin." (Elaine, 18).

These girls were like those in Macintyre's study whose attitude to pregnancy and motherhood was to view it as

being "unproblematic".

Five girls (17%) who maintained that they had wanted to conceive, however, were not happy to discover they were pregnant. Of these four (Jeanette, 19; Susan, 19; Marianne, 19; Amanda, 17) had mixed feelings, while Jean (17), stated she was unhappy when the pregnancy was confirmed.

Jeanette and Susan who both had postmarital conceptions reported that they just were not sure whether they were pleased or not about the pregnancy. Marianne (19), who conceived premaritally, said, however, that she was disappointed in some ways:

"it was not how I planned things at all - ...".

Amanda (17), who had an illegitimate birth, said:

"both of us told each other that we loved each other an that - an I told him I'd like to have his baby - we just agreed";

however, she said that she had mixed feelings once she knew she was definitely pregnant because of her family's attitude to her boyfriend:

"well ma boyfriend's a Pakistani - an ma other sister was goin out with a Pakistani an she had a baby to him an he left her - they thought that he'd do the same to me - ..."

The only girl who said that she had set out to become pregnant, yet was unhappy when she knew she was, was Jean (17), who had a postmarital conception, but the

reason why she was upset was because she said she had not got over a miscarriage she had some six months previously. She stated:

"I wis just awfae depressed an things - I wis just ayeways thinkin aboot the last one."

Of the sixty five girls who said that they had not set out to become pregnant, just over an eighth (9 out of 65, or 14%) reported being pleased to be told they were pregnant, more than a third (23, or 35%) were unhappy, two-fifths (27, or 41%) had mixed feelings, and almost a tenth (6, or 9%) said they felt nothing (Table 6.5).

Table 6.5. Feelings on confirmation
of unplanned pregnancy
percentage distribution

Outcome	Happy	Not Happy	Mixed Feelings	None	Total (=100%)
Termination	3	53	33	10	30
Illegitimate birth	17	25	45	13	24
Premarital concep'n	38	12	50	-	8
Postmarital concep'n	33	-	67	-	3
Total	14	35	41	9	65

Of the girls who had a postmarital conception and were pleased to know that they were pregnant, only Lynne (18) reported that she had not intended becoming pregnant. However, it seemed that she and her husband had decided

that they would not mind if Lynne did become pregnant:

"he says if there's a baby comes along there's a baby comes along - ... when I fell pregnant there I wisnae disappointet - we were jumpin aboot delightet - ...".

Two girls (13%) who had had a postmarital conception reported having mixed feelings. Both said that their pregnancy was unplanned.

Mary (19) had been married for over a year when she discovered that she was pregnant; initally she was unsure as to whether to be pleased or upset:

"ashamed - 19 year old an pregnant - I wis a bit - but ma husband said nothin to be ashamed of - we're married - ... - I was kinda hurt at first - but then ye know - och well - I'm married an nothin really to be ashamed of in the end - an then I just got used to it".

Andrena (17) felt too that she didn't know whether her pregnancy was a good thing or not, the reason being that she had recently had a baby (at the time of interview her first baby was 10 months old):

"it wis a bit too soon - it taen a while tae get used tae the idea of bein pregnant - but once I got used tae the idea it wis awright."

The three girls who had an unplanned premarital pregnancy reported that they were pleased to have

conceived, that it proved their fertility and sealed their relationship:

"I was kinda lookin forward to it type o thing - ...
- I should say I was engaged to him when I got pregnant - that sort of made it better for me because we were engaged." (Carol, 18);

"ma husband wis over the moon which made me happy as well - an I wis happy." (Kim, 17).

Four girls who had a unintentional premarital pregnancy had mixed feelings because the pregnancy caused complications. For them there were not so good things as well as good things about it:

"I burst into tears - that's the truth - (why?) - I don't know - first of all oh that's your life ruined - ... - havin tae - well I didn't have tae get married - ... - but I was alright after I got used to the idea." (Jane, 19);

"oh well I wasn't sad - I couldn't say I was sad - we weren't terrified at the thought like that I would be pregnant - we were quite prepared for it if we were - and if I was or if I wasn't - fair enough - we'd have some contraceptives an not get married for a few years - but otherwise just speed things up an get married right away." (Marie, 19).

Only one girl who had a premarital pregnancy, Lesa (17), stated she was unhappy, and her reason was because she was uncertain as to whether her relationship with her boyfriend would survive:

"I wis worried because I thought maybe Craig would go - I didnae ken."

Over a third (11 out of 32, or 34%) of the girls who had an illegitimate birth said that they were happy to be told they were pregnant. However, when those who planned their pregnancy are excluded, there remained only four (13%), who reported they were pleased that they had conceived.

Pauline (19) and Donna (18), whose first pregnancy it was, had both hoped that they were pregnant, in order to prove how much they loved their partners. As Donna (18) said:

"I felt he was the kind of boyfriend that I would've liked to fall pregnant to - ... - an I loved him."

For Debbie (17) and Olivia (17), however, it was their second pregnancy, and it seemed that, most of all, they were anxious to reconfirm their fertility.

Debbie (17) had had her previous pregnancy terminated, and it was some three months after the abortion that she became pregnant again. She said the news that she had conceived once more was not unwelcome:

"I was quite happy actually - this time I decided not to do anything about it - ... - I thought well I'd like a family."

Olivia (17) had also had an abortion, and it was six months after the termination (which she had when she was fifteen) that she conceived for the second time. She

said:

"I was quite pleased an that - ... - with this one I knew I was havin it an it would get all the love for the rest of its life."

Just less than a fifth (6 out of 32, or 19%) of girls who had a illegitimate birth stated that they were upset when they discovered they were pregnant: for them any benefits of pregnancy were outweighed by the costs of shame and/or parental disapproval.

Angela (15), who stated that she got pregnant the first time she had intercourse, said she was "feared" when she realised she was pregnant because, like many of the girls in the study, she thought her mother would be angry and upset about the pregnancy. But, because she concealed her pregnancy, she did not have her pregnancy confirmed by her GP until she was more than four months pregnant.

Selina (16), one of the two girls whose babies were to be adopted, said that she had had intercourse only twice. She too concealed her pregnancy, not wishing to admit, even to herself, that she was pregnant, and would have to accept the consequences. She was sure soon after she conceived that she was pregnant, but she did not go to her GP until she was five months pregnant:

"I wis feart tae go tae face up to the truth - ... - I went tae the doctor's tae see about an abortion - but it wis too late."

Susan (19), the other girl whose baby was to be adopted, did not tell anyone that she was pregnant until she was five months pregnant. However, in her case, she had gone to her GP once she suspected she was pregnant. She said that she was "shocked - I didnae ken what tae dae", but, in order to avoid the possibility of an abortion "didnae fancy that - just scared of an abortion", she kept the knowledge of her pregnancy to herself for three months.

Isabel (17) had not realised she was pregnant; like Angela, she maintained that she had conceived on the first occasion she had sex. She had gone to consult her GP because she was feeling very unwell. Isabel was horrified to discover that she was pregnant, having had intercourse only once:

"very shocked - I couldn't believe it - ... - he examined me and he says you are expecting a child."

Like Isabel, Brenda (19) had no idea that she was pregnant. She had gone to her GP complaining about a sore back, only to discover that she was more than four months pregnant:

"I had just went to the doctor's an I had been complainin about a back pain - an he'd examined me an he says Brenda he says you're pregnant - ... - it wis a shock."

For Teresa (19) the problem was a different one; simply she was pregnant when she had no wish to be. She said that she was:

"terrified - didnae want a bairn - ... - shattered."

Just over a third (11 out of 32, or 34%) of those who had an illegitimate birth reported that they had mixed feelings when they had it confirmed that they were pregnant, that the costs in terms of parental disapproval and shame and embarrassment were considerable.

For several of the girls the worst part about being pregnant was telling others, especially their mothers, about it.

As Elaine (16) said:

"I felt very happy - but I wis scared in a way tae tell ma mum ye know that I actually was - plus I had ma boyfriend tae tell that I actually was - plus I had my boyfriend's mum an dad - an ye know it was the fright o tellin them an that"

Karen (16) said that she had intercourse "a couple mair times then I found I wis pregnant"; she was:

"scared tae tell ma mum - but dae ken - gled sortae".

For Tracy (18), too, the bad part was tellin her mother:

"just felt oh nuh - ken how'm I gaunnae tell ma mum".

Sharon (14) was another girl who had intercourse only twice; she concealed her pregnancy, to the extent that her mother did not find out about it until Sharon was five months pregnant. When, at about three months,

Sharon realised she was pregnant, because her period which was normally regular had stopped, she was not happy. She was worried about what the consequences might be, especially for her boyfriend:

"I wis scared - feared for what was goin to happen to Michael - what ma mum wis goin to dae an that - maybe get (Michael) pit in jail - maybe make me get an abortion and I wouldnae want that cause it's cruel.";

but once the GP confirmed her pregnancy she said she:

"wisnae pleased - wisnae unhappy ...".

Rhona (16) reported that she conceived the second time she had intercourse. She also concealed her pregnancy:

"it was 6 month before they knew that I wis pregnant - ma mum an dad - before anyone knew - I knew masel - I just kept it inside me - I just kept no goin to the doctor - nuh - nobody kent - nuh - not a soul knew - I wis worried a the time - ma mum knew there wis somethin wrang wi me but she didnae ken what - I wis worried all the time efter I knew - I just couldnae bring masel tae tell anybody - I kept thinkin it would go away."

She said the reasons for her mixed feelings were:

"I felt awright about it - it wis just folk tellin everybody - folk findin out - tellin ma mum an that".

However, for Karen (17) it was the other way around; her mother wanted her to be pregnant:

"I had ma first (pregnancy test) and I said tae masel I says I hope I'm no pregnant - ma mum says how no - it'll be ma first grandchild - ... - it came in negative an she wisnae very pleased - ... - I put another one in - an this time she wis pleased - she wis ower the moon - me I felt awful - ken embarassed in front o ma pals - me pregnant no married or anythin ken."

The only girl who had a termination but reported that she was pleased when her unplanned pregnancy was confirmed was Maria (18), who, having had a termination a year earlier, was pleased to have renewed proof of her fertility, as well as proof of the fact that she was loved. She said:

"I wasn't shocked - no I wasn't shocked at all - I was happy - ... - bein pregnant to the guy I feel so much for - an havin a baby inside me ye know."

As Table 6.4. shows, a third (33%) of all the girls reported having mixed feelings once the pregnancy was confirmed - and this ambivalence is even found to a considerable extent among those who had a termination. Of the girls who had a termination, almost a third (10 out of 31, or 32%) reported having experienced a complex mixture of feelings at this time. They were pleased because they had established their womanliness by demonstrating their fertility. However, although it had

been proved that they were capable of conceiving, this was counterbalanced by the costs of being pregnant. While the initial reaction was a positive one - in Helen's (17) case it even led to daydreaming about what it would be like to have the baby - the excitement and pleasure about the pregnancy were overtaken by the realisation of the problems the pregnancy would cause:

"I wis a wee bit happy - (happy?) - bein pregnant - then I thought wi me bein unemployed - an nobody behind me - an bringin up a child on ma own - I wouldnae be able tae do it properly." (Carla, 17);

"it felt good at first - ... - the first thing I thought about was what I was going to call it - and what I'd like to have - and things I'd like to buy for it - I'd walk by Mothercare and look at all the clothes and say oh look aren't they lovely - and the bad things I thought about - oh Helen you are only 17 - just 17 an go out and enjoy your life - what are you doing - what have you done." (Helen, 17);

"I wis sorta relieved I could get pregnant - - but as soon as I fund oot I telt the doctor tae make plans tae have an abortion." (Jane, 18).

Not unexpectedly, since almost all (30 out of 31, or 97%) of the pregnancies which were terminated were unplanned, over half (16, or 52%) of the pregnancies were unwanted and unwelcome, and the girls expressed a whole range of negative emotions - what Macintyre (1977)

describes as a "crisis response"; for them there were no benefits of being pregnant, only costs - such as shame, fear, embarrassment, depression:

"I just burst out cryin - I couldn't hold it in - ... - all along I'd still thought it was still negative - they were just late - there was somethin wrong - that was always been on ma mind - I'd never even - I don't think I'd even thought about bein pregnant - ... I've been two people - at school I've been all jovial an everythin's fine - the world's great - then when I was on ma own I was - I've been awfae depressed an cryin all the time." (Nicola, 15);

"I didnae want tae be pregnant - I felt ken stupid an everything at what we had done." (Carol, 16);

"terrible." (Suzanne, 16);

"I was really worried what to do - I wasn't ready for it an I tried to explain that to my boyfriend." (Hayley, 18);

"I just felt like cryin - that was it - I felt guilty - I was wonderin what ma mum or dad would say." (Shirley, 18);

"very depressed - very depressed - because I knew what I'd have to go through." (Lisa, 18);

"awfae - feart." (Laura, 18);

"I wis scared - ... - at the beginnin when I got the results back I wis sayin - I decided that I wis gonnae get an abortion - ... - it wis best fur us."

(Lynn, 17).

For Lynn (16), who maintained that the only time she had had intercourse was while she had passed out because she had had too much to drink, the knowledge that she was pregnant was further complicated by the fact that she felt she could not reveal the circumstances in which she had conceived:

"I was ashamed - but I mean I couldnae tell ma mum the truth cause she would've got him done".

Kathleen (19) was particularly distressed to find herself pregnant because her previous pregnancy (at the time of interview her baby was nine months old) had prevented her from getting married, and this pregnancy, she felt, would mean the same:

"before when I fell pregnant I had planned gettin married an things - I had tae call it off because I wid've been standin wi a bump - I'm gettin married at Christmas an I'd be standin wi a bump again - I just wanted everythin tae be cosy an ma wee girl started nursery before I even thought about havin any more - I wantet tae plan the next one - no an accident - an then I fund out I wis pregnant - I couldnae handle it."

Among those who planned to conceive the vast majority (27 out of 29, or 93%) were not unhappy at the prospect of being pregnant, and this became even greater (28 out

of 29, or 97%) once the pregnancy was confirmed. This increase in positive feelings about the pregnancy is also seen among those who had not planned their pregnancy. Whereas just less than two-fifths (23 out of 59, or 39%) of those who had had an unintended pregnancy were not altogether unhappy about the possibility of being pregnant, once the pregnancy was confirmed considerably more than half (36 out of 65, or 56%) said they felt happy or had mixed feelings about it (Table 6.6).

Table 6.6. Feelings about pregnancy
 both unplanned and planned
 in relation to confirmation
 percentage distribution

Feelings	Before	After
Happy	5 (66)*	14 (83)*
Unhappy	47 (7)	35 (3)
Mixed	34 (28)	42 (14)
None	14 (-)	9 (-)
Total (=100%)	59 (29)	65 (29)

* the figures in brackets are those for planned pregnancies.

Once the pregnancy was confirmed, it was maintained by the majority of girls (64%) that their feelings were the same as they had been when they first suspected that they were pregnant. Of the third who said their

feelings had changed, twenty five (28%) felt more positive about the pregnancy, and six (7%) more negative (Table 6.7). This finding agrees with Furstenberg (1976) who stated that most teenagers feel more positively about their pregnancy the longer it proceeds, and with Simms and Smith (1986) who report in their study:

"Initial feelings of gloom may, therefore, have been dissipated by the process of accommodation to the pregnancy ... "

Table 6.7 Change in feelings
on confirmation of pregnancy

Outcome	More positive	More negative	Total
Termination	7	3	10
Illegitimate birth	10	2	12
Premarital concep	3	-	3
Postmarital concep	5	1	6
Total	25	6	31

Of the twenty five girls who felt more positive about the pregnancy, two-fifths (10 out of 25, or 40%) changed from having mixed feelings to being happy about the pregnancy, and a similar number (40%), having felt unhappy at the prospect of being pregnant, had moved to having mixed feelings. Further, three girls (12%) who had been upset when they thought they might be pregnant stated that they felt nothing when it was confirmed.

"I didnae have any feelins at all - ... - I just

knew I couldnae keep it" (Elizabeth, 19).

Only two girls, Laura (16), who had a termination, and Catriona (18), who had a premarital pregnancy, reported that they felt good once the pregnancy was confirmed, having previously reported being unhappy when they thought they might be, mainly because they were concerned about the reaction of their parents. Six girls reported that their feelings had become more negative about the pregnancy once it was confirmed. It would appear that, for them, the costs outweighed the benefits of pregnancy. Three girls, Hayley (18), Carol (16) and Samantha (18), who had terminations, said they were upset when the pregnancy was confirmed, having earlier reported mixed feelings. Angela (15) too reported being upset when she knew she was pregnant, having stated that she felt nothing when she first suspected she had conceived. Two others, Susan (19), who had a postmarital conception, and Amanda (17), who had an illegitimate birth, stated that, having been happy when they suspected they were pregnant, they had mixed feelings once the pregnancy was confirmed.

Over two-thirds (66, or 68%) of the girls told their boyfriend or husband that they suspected that they might be pregnant. Ascertaining the reaction of the partner seemed important since it could affect how the possible pregnancy would be perceived. However, only a fifth

(20, or 21%) informed one or both of their parents, most often to avoid having to admit to being sexually active.

Almost a third (30, or 32%) told someone other than their partner or parent, and in the cases where someone other than partner or parent was told, most often (18, or 60%) it was a friend who was taken into the girl's confidence.

In thirteen cases (15%) the girl told no-one: six were nineteen years of age, two were eighteen, two were seventeen, and three were sixteen. Almost half (7 out of 13, or 47%) of the girls who did not confide in anyone were girls who subsequently had an illegitimate birth, while four (27%) had terminations, one (Jeanette, 19) had a postmarital conception and one (Margaret, 19) had a premarital conception. However, Jeanette and Margaret, unlike the girls who had illegitimate births or terminations, had wanted to become pregnant. They stated that their reason for not telling anyone was because they did not want to raise their partner's hopes that they might be pregnant.

When asked whether they had discussed with their partner what should happen should the pregnancy be confirmed, just over two-thirds (63 out of the 94, or 67%) girls said that they had. Most of the partners (41, or 69%) agreed with the proposed outcome, with a fifth (12, or 20%) disagreeing. In the remaining cases the girl

reported that her partner said he did not mind what the outcome was, and that he was willing to leave the decision to the girl.

However, in a number of cases there was disagreement as to what the outcome of the pregnancy should be.

In the twelve cases where the putative father disagreed with the proposed outcome, three-quarters (9 out of 12, or 75%) of the girls who had decided to have an abortion, should the pregnancy be confirmed, had partners who did not want the pregnancy to be terminated. It would appear that the boys wanted their partner to have the baby in order that they might have proof of their virility, because, although they argued against a termination, most were not willing to take on the responsibility of helping to bring up a child:

"when I decided I was gonnae get an abortion he wis against it - an we were ayeways arguin cause he wis wantin it like anyhin - (why?) - dinnae ken - he just wanted it." (Lynn, 17);

"ma boyfriend - he wis really wantin it - he wis wantin me to keep the baby - ..." (Hayley, 18);

"he wis against it - ... - he wisnae very pleased." (Julie, 16);

"he broke down the other night cause Mike wants me to have it - Mike wanted me to have it - ..." (Laura, 16);

"he wis wantin tae have the baby - but I wisnae really wantin tae - ... - I think he wis really

wantin his child." (Karen, 19).

However, these girls were adamant that, regardless of their partner's feelings on the subject, they were going to go ahead with the decision to terminate the pregnancy.

Further, there were three boyfriends (out of 12, or 25%), whose partners intended having an illegitimate birth, who wanted her to have a termination so that they need not be concerned about taking responsibility for a baby. The girls, though, were not to be persuaded.

Tracy (18) had been having intercourse with her boyfriend for about a year when she thought she was pregnant:

"he wisnae very pleased - he says whit ye gaunnae dae - an he wanted me tae get rid o it likes - but I says nuh";

Diane (18) felt that the reason her boyfriend wanted her to have a termination was because he was being unduly influenced by his parents:

"his mum an dad at first - they werenae very pleased - they wanted me tae get an abortion - ... - they drummed it into Gordon - an Gordon said tae me - ...".

Karen (17) objected to being asked to have a termination by her boyfriend, who had made another girl pregnant some three months earlier:

"but I says I widnae dae it Stewart - I says what about Tricia did you ask her tae hae an abortion -

he goes nuh - so I goes why are you askin me that for".

As in Macintyre's (1977) study, adoption and unmarried motherhood were not options suggested by the boyfriends but "emerged by default from the lack of other positive suggestions."

Almost all the girls in the study confided in someone as soon as the pregnancy was confirmed. The person most likely to be told that the girl was pregnant was her husband or boyfriend, with her mother being the next most likely person to be told (Table 6.8).

According to Macintyre (1977):

"The majority of women told persons in only two of the three categories of putative fathers, parents, peers. Talking to people in one or two of these categories seemed to pre-empt any perceived need to talk to others."

Table 6.8.

<u>Person first informed</u>				
<u>on confirmation of pregnancy</u>				
<u>percentage distribution</u>				
Outcome	Mother	Partner	Friend	Total
				(=100%)
Termination	32	39	23	31
Illegitimate birth	44	31	6	32
Premarital concep'n	13	87	-	15
Postmarital concep'n	13	87	-	16
Total	30	52	10	94

However, although the partner was the first person informed in just over half (49 out of 94, or 52%) the cases, where the pregnancy was planned, three-quarters (22 out of 29, or 76%) of the partners were told first, while, where the pregnancy was not planned, the partner was the first to be told in considerably less than half (27 out of 65, or 42%) of the cases. In the forty five cases (48%) where the partner was not told first, almost two-thirds (29 out of 45, or 64%) were told within a week of the confirmation, just over a third (16, or 36%) being told on the day of confirmation, and a sixth (6, or 13%) the day after.

However, in thirteen cases (14%), eight where the outcome was a termination, and five where the outcome was an illegitimate birth, the boyfriend was not informed about the pregnancy. In over half (7 out of 13, or 54%) of these cases the girl had had intercourse with her partner on two occasions or less, and it was felt therefore that the partner had no locus in the decision regarding the pregnancy and its outcome.

The six girls who had been more sexually active gave several reasons for not informing their boyfriend. None of them, though, wanted to have to cope with the consequences of their boyfriend finding out about pregnancy.

Helen's (17) reason for not telling her partner was because she felt he would insist on getting married:

"how frightened we was that if Dave knew that I was havin a baby an wantin me to marry him - ... - I wouldn't marry him just for the sake of giving the baby a name ..."

Mandy (16) felt that she might be pressurised by her boyfriend into having the baby:

"I just didnae want tae tell him - he might have wantet me tae keep it".

Elizabeth (19), on the other hand, felt that her very short relationship with her latest partner was based on infatuation, and, since she knew as soon as the pregnancy was confirmed that she was going to have it terminated, she did not want him to be involved in any way.

Sarah (16) feared a violent reaction from her boyfriend if he found out that she had become pregnant:

"wouldnae fancy takin the risk o tellin him - he'd hit me fae wall tae wall".

The reason Susan (19) did not tell her boyfriend was because she considered he was not old enough at seventeen to cope with the knowledge that he was to be a father:

"I just didn't want him to find out - I hink he wis too young at the time ..."

Because of this Susan moved to another town soon after her pregnancy was confirmed.

In a third (23 out of 64, or 35%) of the cases of

unplanned pregnancy, the girl's mother was told first, while in only five cases (17%) of planned pregnancies was she the first to be informed. But, in thirteen cases (out of 94, or 14%), twelve where the outcome was a termination (one was said to be a planned pregnancy), and one where the girl had an illegitimate birth, the girl's parent or parents were not told about the pregnancy. In every case the girl concerned felt that her parent(s) would not be able to cope with knowledge that their daughter was pregnant, either because of the way premarital pregnancy was viewed, or because of the problems that already existed at home.

Laura (16) felt that her mother's attitude to premarital pregnancy made it impossible for her to tell her:

"I haven't told ma mum an dad - just Mike an the doctor know - ... - ma mum without a doubt would be ashamed o me - cause - how can I put it - you're sitting talkin an you'll see on the telly an everythin girls gettin pregnant an that - ma mum says I'm glad my daughters'll never be like that ..."

Brenda (17) was sure she would be asked to leave home:

"I wouldnae have a hoose tae live in - naw I widnae - I'da got thrown out ..."

Lesley (17) thought that her mother had enough problems to concern her:

"I would've told ma mum but she's worried about ma sister - so I thought there's no much point in givin

her more worry ..."

Lynn (17) felt that her mother's mental state was such that she couldn't be told:

"ma mum's got nerves - she worries aboot the slightest thing - an there's nae way I want tae worry her about this ..."

As can be seen in Table 6.8 above, nine girls (10%), seven girls who had a termination, and two girls who had an illegitimate birth, decided to inform a friend first - either because they were frightened to tell their mothers, or because they did not want their mothers to know they were pregnant.

In only one case, namely that of Elizabeth (19), who had a termination, neither the partner nor her parents knew about the pregnancy. She had fallen out with her boyfriend before she realised she was pregnant, and she said she felt she could not add to the many disappointments her family had had by telling her parents about her pregnancy, so she turned only to her friend for help.

Over four-fifths (79 out of 94, or 84%) of the pregnancy tests were carried out via the GP, with only one girl reporting that she had her test done at a clinic. Five girls (5%) reported that they did not have a pregnancy test because, by the time the pregnancy was confirmed it

was so far on that a test was unnecessary. The remainder had their pregnancy test carried out by the local chemist.

Over half (51, or 54%) said they had their pregnancy confirmed by their GP, with almost two-fifths (37, or 39%) being informed by the GP's receptionist. It would seem, then, that the GP is seen by the vast majority of these girls, so the GP rather than the clinic is the point of contact for matters related to contraception and pregnancy.

Almost all (85, or 90%) of the girls maintained that, prior to the confirmation of the pregnancy, they were aware of the possibility of having an abortion, but most (59, or 63%) said they did not consider or discuss the option of termination, should the pregnancy test prove to be positive - of course this includes most of those (25 out of 29) who said they had intended to become pregnant. Therefore, over a third (35, or 37%) of the whole group, or almost half (31 out of 65, or 48%) of those who had not planned to conceive discussed having a termination. This contrasts with Simms and Smith's study in which it is reported that 13% (70) of the teenage mothers had considered having an abortion, and that just over a tenth (61 out of 70, or 87% of this group, or 11% of the total sample) discussed a possible termination with someone else. However, if those in the Fife group whose pregnancy was terminated are excluded

from the calculations (since the Simms and Smith study concerned only mothers), only thirteen (out of 63, or 21%) sought advice from someone else regarding an abortion, a figure which is still well in excess of that of Simms and Smith.

A slightly larger number (33, or 51%) reported that they had discussed having the baby with someone.

It would seem, therefore, from the relative lack of discussion on the subject of abortion, that the majority of the girls accepted motherhood as the inevitable consequence of pregnancy, whether intended or not. A typical response expressed the sentiment that if a girl became pregnant she had no right to terminate the pregnancy:

"I feel if you fall pregnant then why blame it on the baby an get rid of it because of your fault - I don't believe in them." (Kim, 17)

Only in certain circumstances would an abortion be acceptable to the majority of the teenagers:

"I dinnae believe in it - but then again if I'd got raped an been pregnant I would have an abortion - but I dinnae believe in it" (Pamela, 18);

"I hink if ye're goin tae hae a badly deformed bairn - or a bairn that's no gonnae have any kind o normal life - or if there's a chance o a risk tae yer ain life then it's acceptable - but if yer bairn's gonnae be healthy ye've no got the right tae kill

it." (Teresa, 19)

As Furstenberg (1981) states:

"Most (teenagers) become pregnant unwillingly and unwittingly, though, to be sure, once conception occurs many are reluctant to terminate the pregnancy by abortion."

Discussion

There are, for every teenager who conceives, both benefits and costs of pregnancy. The relative importance of each side of the equation for every girl depends on many factors - but principally whether the pregnancy is planned and whether it is wanted.

Almost a third (29 out of 94, or 31%) of the girls in this study stated that they had intended to become pregnant.

The reasons given for intending to conceive differed between those who were married at the time of conception and those who were not. The married teenagers were concerned mostly about completing their family while they were young, whereas for those not married it was reported by almost all that both she and her partner had decided that the girl should have a baby. In these instances it would seem that the girls had discussed the pregnancy with her partner, even if they had not always thought through its consequences.

In the two cases where the partner alone had decided that he wanted to be a father without the girl knowing why, the girls seemed to be willing accessories to the pregnancy, being prepared to accede unquestioningly to

their boyfriend's wishes.

For the majority of the girls who had an unintended pregnancy, the possibility of conceiving, although known to be a consequence of sexual activity, was dismissed as a likely outcome since, often for no definable reason, these girls did not think they would become pregnant. As would be expected, most of those who hoped to become pregnant were happy when they thought they might be, and a considerable proportion of those who had not wanted to conceive were unhappy. However, when the pregnancy was confirmed, while a small number of those who said that they had wanted to conceive were no longer happy about it, among those whose pregnancy was unintended the ratio of "unhappy" to "happy/mixed feelings" changed from 47% to 39% to 35% to 56%. This indicates that more than half of those whose pregnancy was unplanned were not unhappy that they had conceived.

In the case of those who had a legitimate birth, for the vast majority (27 out of 31, or 87%), the first person they told that they were pregnant was their partner. For those who had an illegitimate birth, the mother was the person most often (14 out of 32, or 44%) the person informed first about the pregnancy. However, while most of the girls had their partner or their mother to turn to while the pregnancy proceeded to its chosen outcome, of the girls who had had a termination, almost two-fifths (12 out of 31, or 39%) did not tell their

parent(s) about the pregnancy at all. These girls, therefore, the youngest of whom was sixteen, had to seek an abortion without the support of their family. Many of them had the assistance only of their boyfriend and/or a girlfriend. The emotional problems these girls had to face in order to have the pregnancy terminated were, in most cases, considerable. Also the problems they might have to face in the future were likely to be many, since they were going to have to try to carry on as though nothing had happened.

The role of many of the putative fathers was a nebulous one. More than a fifth (13 out of 63, or 21%) of the partners of those who had either an illegitimate birth, or a termination, were never informed about the pregnancy. In a further twelve cases (19%), the boyfriend disagreed with the proposed outcome, but his objections were overruled. This means, therefore, that two-fifths (25 out of 63, or 40%) of the partners of the girls who had either an illegitimate birth or a termination were not allowed to play a part in deciding the outcome of the pregnancy.

CHAPTER 7

THE OUTCOME OF UNPLANNED PREGNANCY

When a teenager finds she is pregnant and, especially if she has not planned to be, she has two options - she can continue with the pregnancy and have the baby, or she can try to have the pregnancy terminated. Also, as well as having a choice of outcome, if she is sixteen or over and is not already married, she may choose to marry; for those in Scotland who are not yet sixteen, marriage, of course, is not an option. Further, if she has baby, she may keep the baby, or she may have it adopted.

However, as Bury (1984b) points out:

"the outcome for the unmarried teenager depends not only on the choice she makes but also what options are open to her."

In this chapter, each of the choices and the options that were open to those who had an unplanned pregnancy will be considered, and the motivation for deciding on that particular outcome will be examined.

It is certainly the case, however, that, for many of the girls in this study, the range of options was not widely considered, since, as Macintyre (1977) states:

"they did not see their circumstances as necessitating choosing what to do, or constituting a problem."

For many of these teenagers, the inevitable consequence of becoming pregnant - planned or not - was to have the

baby, and, for a few, the natural sequelae of pregnancy also included marriage.

For some, however, such an outcome was unthinkable and unacceptable, and a termination was sought. The reason for only a proportion choosing this outcome was mainly due to their attitudes, as shown in Chapter 6, to abortion. As Furstenberg (1981) states:

"It is ... certain that many teenagers, as do their parents, disapprove of abortion."

In this study, 63 girls (out of 94, or 67%) continued with their pregnancy. Of these pregnancies over half (35, or 56%) were unplanned. A third of the teenagers (31, or 33%) opted for termination of their pregnancy, of which all but one (97%) were unplanned. Unlike the findings in studies such as that of Simms and Smith (1986), none of the girls who had a baby said that they had actively sought an abortion but were unable to obtain one, although a few did say that, if they had realised sooner that they were pregnant, they would have at least considered a termination.

Further, Simms and Smith (1986) report on the "relative unpopularity of adoption", and this was reflected in their study by the almost total dismissal of adoption as an option.

According to Bury (1984b), her work with pregnant teenagers has led her to a similar conclusion:

"it is clear that most now see their options as

having the child and keeping it or having an abortion; adoption of the child has become an uncommon outcome for the pregnant teenager."

Only two girls (out of 35, or 6% of unplanned births) had elected to have their babies adopted, while a further ten girls (11%) had adoption suggested to them, but declined to follow this advice. However, in both cases where adoption had been accepted as the outcome of the pregnancy, the girls indicated that it was possible that they would change their minds.

There were, in all, 35 girls (37%) in the study who had an unplanned baby: 24 girls (26%) had an illegitimate birth and eleven girls (11%) a legitimate one, of which eight were premarital conceptions (see Table 5.11). As Table 7.1 below shows, when asked why they had decided to go on with the pregnancy rather than have it terminated, the majority (21 out of 35, or 60%) maintained that they were not prepared to have an abortion. Further, well over a third (13 out of 35, or 37%) who had an unplanned birth gave the reason that they wanted to have the baby - this contrasts with only two who said that, although their pregnancy was not planned, they had wanted to conceive. This represents a considerable shift between the intention prior to conception and the attitude once the pregnancy was confirmed.

Table 7.1. Reasons for continuing with pregnancy

Reasons	Number
Against abortion	21
Wanted baby	13
Against adoption	8
Accepted consequences	6
Partner wanted baby	3
Too late for abortion	3
Getting married	3
Total	57

(Note: since many of the girls gave more than one reason, the total in Table 7.1. therefore is greater than the number of unplanned pregnancies that went to term.)

Having continued with the pregnancy, there were different outcomes, each influenced by the options, both available and/or acceptable.

Illegitimate births

The first option an unmarried teenager could choose was to go ahead and have the baby, but not marry and so have an illegitimate baby. In some cases, of course, because the pregnancy was not discovered until it was well advanced, the girl had no choice.

There were twenty four girls (out of 32 illegitimate births, or 75%, or 26% of the total group) in the study

who had unplanned illegitimate births. Their ages ranged from fourteen to nineteen, and, with the exception of two seventeen year olds, it was their first pregnancy.

The two girls who had been pregnant before were Debbie and Olivia. Debbie (17) had had a termination, which her parents did not know about, just after her sixteenth birthday. Olivia (17) also had a termination when she was fifteen. In both cases the current partner had been responsible for both respective conceptions, and, at the time of interview, the relationship between the girls and their partner was a stable one and had been going on for about two years .

Over a third (9 out of 24, or 38%) of the girls reported that they had no regular boyfriend, half (12, or 50%) said they were going steady, with the remainder (3, or 13%) stating that they were engaged. However, at around the time of conception, two-thirds (16, or 67%) of the girls who had an unplanned illegitimate birth said they had not been using contraception, and, of these sixteen girls, over two-thirds (11, or 69%) had never used contraception.

Three-quarters (18, or 75%) of the girls stayed at home with a parent or parents, and a quarter (6, or 25%) said they had their own home. Almost three-quarters (17, or 71%) of the girls described their family as close or very close.

Of the girls' fathers who were employed at the time of

the interview (three were unemployed, and three were unable to work, while a further five, for various reasons, could not be included), five (out of 13, or 38%) had a white collar job or were self-employed, and eight (62%) had a blue collar job, of which just over a third (3, or 38%) were skilled jobs.

More than half (13, or 54%) of the teenagers had left school with no qualifications, and, with one exception, the only further training any of these girls (13, or 54%) had was by means of a MSC course. Of those who had a job, the largest group (8 out of 12, or 75%) had had unskilled job. Almost the same number (7, or 29% of this group) were unemployed.

Although there was a variety of reasons given for continuing with the pregnancy (Table 7.1), Teresa's (19) response was typical of the attitude expressed by a number of the girls:

"Well the only option tae hae in the bairn wis adoption - or abortion - an I do not believe in adoption - or abortion - unless there's a particular reason for it - an if ye're daft enough tae get pregnant just hae tae take the consequences."

These reasons would seem to reflect the attitudes reported by Time (1985):

"There is for many young girls another, less tangible factor in the sequence of events leading to parenthood: a sense of fatalism, passivity and, in some cases, even a certain pleasure at the prospect of motherhood."

Certainly the most frequently given reason for not deciding to terminate the pregnancy was the refusal to consider having an abortion.

Some said that they could not go through with having an abortion because they knew they would feel guilty afterwards:

"I don't think I could have lived with getting an abortion - it would be there at the back of my mind"
(Jacqueline, 18);

"I wouldnae go through wi an abortion - I'd feel guilty havin an abortion." (Pauline, 19).

Others felt it was not the baby's fault that it had been conceived, and therefore that it was not their right to terminate the pregnancy:

"I decided to go ahead wi it because I havenae got the right I think tae decide whether this lives - this thing - this baby inside me lives or dies - I mean I couldnae kill it - I mean that's what I woulda been doin - that's really killin new life"
(Linda, 19);

"Because it was ma fault an his fault an naebody elses - and it was just a waste of life getting an abortion." (Sharon, 14);

"Well it wisnae the baby's fault - ken it wis our stupit fault an no the bairn's - an I didnae see why I should sorto - should kill a life cause o ma stupidity an Gordon's stupidity ...". (Diane, 18).

Elaine (16) said she just could not bear the thought of destroying a life:

"I just didn't want tae get rid of it ye know because it wis a human being - it wis goin tae be just like us ye know - that's what I felt about it - I just felt as if I couldnae get rid o it - it's like murderin somethin ye know ...".

Tracy (18), on the other hand, gave the main reason for not considering a termination as, unlike some women, she had been able to conceive:

"cause there's folk likes - likesa folk cannae hae bairns - ken likesae me likesae I cid hae bairns awright - an I'm just sortae gaunna kill wan - I just didnae want tae - just thought it wis wrang."

However, although Josephine (16), one of the few Roman Catholics in the study, was not prepared to consider having an abortion, she found that her attitude to abortion changed once she discovered that she was pregnant when she had not planned to be:

"before I became pregnant - I used to say I think it's terrible for women to have abortions - I really do - I was so sort of - oh it's terrible - sickening - after I realised I was pregnant and considered it I thought - well it isn't - it can't be that bad - I mean it's going to be the woman who lives with it all her life so it's her decision - I think it was just really my beliefs - I listened to my priest a

lot - I have a lot of faith - you know I suppose it was just that ..."

It is impossible to know what proportion of the girls who had an illegitimate birth genuinely rejected abortion, and what proportion used a dislike of abortion as a socially acceptable reason for continuing the pregnancy. As was shown in the previous chapter, it was clear that only a very small number of these girls were prepared to admit that they considered terminating the pregnancy - or would ever consider terminating a pregnancy.

According to Furstenberg (1981), though:

"One suspects, however, that some adolescents who decline the option of having an abortion are not fully aware of the hardships that will be imposed on them as a result of early childbearing, or feel that the price of adolescent parenthood may be offset by the advantages of motherhood."

Certainly just under half (10, or 44%) welcomed their pregnancy, to a greater or lesser extent.

Donna (18) had admitted earlier that her pregnancy had not been an accident:

"because the boy I knew it was goin tae be his - an I loved him - an plus I like children - that wis it."

Tracy (18), though, had decided once she knew that she was pregnant that she was quite pleased to be:

"I just decided I wis keepin it - I widnae pit it up for adoption either - I dae ken - I just wantae keep

it."

For Karen (16) and Isabel (17), the most important thing was that they would have something - somebody - that belonged only to them:

"Cause it wis mine" (Karen, 16);

"It would be mine - that's it - something that I've always wanted and it would be mine - I don't know I've just always wanted one - I've always said to my mum I'd like to have a child but never to get married - and I got my wish" (Isabel, 17).

The reasons given by Olivia (17) and Debbie (17) were influenced by their having had a previous pregnancy terminated:

"Because I regret the first one (abortion) - an I wouldn't do that again" (Olivia, 17);

"this time I decided not to do anything about it - I'm not really sure why I decided I wanted to keep this one - it's somethin I've never thought about actually - just seemed tae be - I thought well I'd like a family - what's the point in gettin rid of this one - I may as well start a family." (Debbie, 17).

Only three girls said they would have had an abortion if they had realised sooner that they were pregnant:

"I would have had an abortion - (why?) - naebody could talk about ma Mum an that - an say they'd no looked efter me right." (Angela, 15);

and Rachel (19) stated that she might have considered having one if the circumstances had been different, but that since she and her boyfriend had discussed gettin married, she had decided to have the baby:

"maybe if I didnae know him or things like that - ken if it wis a different situation - I would have thought about gettin (an abortion)"

Selina (16), who was five months pregnant by the time she first saw a doctor, said that she had wanted to have her pregnancy terminated:

"well I went tae the doctor's tae see about an abortion - but it wis too late."

She did admit, though, that her friends had tried to persuade her to go to the doctor sooner, but she said she was "feart tae go tae face up to the truth". She maintained that she had had intercourse only twice:

"it wisnae as if we were goin out wi each other - it wis more - it wis just a casual thing wi him cause he sleeps wi a different girl every night"

Her baby was to be adopted, but she was not sure if she wanted it to be:

"I want tae keep it but ma mum's no very keen on it - well more for ma own good - she just wants me tae start livin ma life again - she says if I did keep it she'd help me - but I think she'd rather give it up"

Susan (19), who was the other girl whose baby was to be

adopted, had concealed her pregnancy as well. She, though, did not want to have her pregnancy terminated - she said she was more frightened by the thought of what an abortion entailed:

"I was too scared to have an abortion - I was scared somethin would go wrong with it - ... - I didnae want tae get rid o the bairn anyway."

She had stopped going out with her seventeen year old boyfriend once she realised she was pregnant, and he had not been told about the pregnancy:

"I just didn't want him to find out - I hink he wis too young at the time."

However, in spite of the fact that she reported that she had not had her pregnancy terminated because she wanted the baby, Susan had more or less made up her mind that it should be adopted:

"it just seems - take the fact that it would have to grow up an maybe I'd resent the burden on me all the time - because there's nowhere else for it to go - it would have to stay wi me - I just feel I'd be in the hoose a the time ..."

Reflecting on her pregnancy, she said:

"I suppose it's taught me a lesson - just doesn't seem as glamorous as it looks out to be."

None of the girls said that they had any problems with the arrangements for their pregnancy, although a quarter

(6, or 25%) reported only that the arrangements were "alright".

The situation that concerned the teenagers was having to go to the clinic where they felt sensitive about their youth and their lack of marital status. But, as Teresa (19) discovered, she was not alone:

"at first when I'd gaun I felt a bit awkward bein so young an single - then I found out that half the lassies there were single so it just wore away ..."

Most of the girls (16, or 67%) also reported that the staff with whom they came into contact were helpful, with the rest describing their treatment as being "OK".

In over a third of the cases (9, or 37%) marriage was proposed by the girl's partner, while in one instance it was suggested by friends, but the girls decided not to accept the offer of marriage. It would seem that not every girl in the study saw marriage as part of the natural order of things in the wake of an unplanned pregnancy. According to O'Connell and Moore (1981):

"It is highly probable that recent declines in the legitimation ratio have occurred because many women today realize that marriage may not be the solution to a premarital conception ..."

These teenagers all reported that they felt that they were not sufficiently sure of the relationship with their partner to agree to getting married:

"he did aye - he suggested - well he suggested gettin a flat - but I said I'd stay in ma ain hoose

... - I've got the bairn like but I dinnae need tae tie masel doon by gettin married." (Rhona, 16);

"I called it aff because I wis worried in case we couldnae live thegither ..." (Teresa, 19);

"We talked about it but I wasn't that sure ..."
(Rachel, 19);

"well maybe at first I wis just wantin married because o the baby - but I didnae think it's a reason tae get married - just because o the baby - ... - it's nae use jumpin into it if ye dinnae think it's gaun tae work ..." (Diane, 18);

"I got offered tae get married but I didnae want tae - just didnae want tae - I just didnae want tae tie maself doon." (Heather, 17).

These girls, then, were not prepared to get married simply because they had been asked. Further, it seemed that they felt that having an illegitimate baby was insufficient reason for getting involved in a marriage about which they had doubts. This refusal to agree to marriage in order to legitimise the birth of the baby demonstrates "the gradual change in society's attitude to out-of-wedlock childbearing" described by Bury (1984b), and the fact that, it would seem that, in Fife at least, "the stigma of illegitimacy is largely removed" (Time, 1985). It was, then, that the circumstances were not right.

However, marriage as an option in the future was not rejected. Although the girls above had chosen not to

accept the opportunity to get married, only Heather (17) declared she would never get married, as did three other girls in this group to whom marriage had not been suggested, namely Isabel (17), Jacqueline (18) and Susan (19), .

"I've always wanted a child but never ever wanted to get married - I'm all to my own ways an no anybody telling me what to do ... I've always said to my mum I'd like to have a child but never to get married - and I got my wish - a lot of happiness - seein him grow up - well you cannae do that with a man could you ..." (Isabel, 17).

Isabel's attitude to marriage, like that of Heather, cannot be explained through having come from an unhappy home, since, unlike Susan and Jacqueline, both reported that their parents were "very close". However all four girls said that they had no regular boyfriend, and it could be that the unsatisfactory nature of the relationships they had had, had not made marriage seem an attractive proposition.

When asked what differences having a baby would make to them in the future, the answers varied widely. Only two (8%) girls, however, anticipated that there would be a lot of problems for them, with a further two (8%) foreseeing some problems.

It was unclear whether those who felt that having a baby would make their lives better, or who thought it would

make no real difference to their lives, or who said they didn't know whether it would or not, were unaware of the changes they would experience, or whether they anticipated that they would be able to overcome them. But it is certainly a cause for concern that the extent and nature of the difficulties that the vast majority of young single mothers encounter seemed not to have been considered at all - although, it could simply be that they did not realise their extent.

Table 7.2.

Future	<u>Attitude to future</u>					Total
	<16	16	17	18	19	
Better	-	1	4	1	2	8
Same	-	2	2	-	1	5
Worse	-	1	-	1	-	2
Don't know	2	-	-	3	2	7
Good and bad	-	1	-	-	1	2
Total	2	5	6	5	6	24

Of the two girls (8% of this group) who felt that having a baby would make life more difficult, Josephine (16), anticipated the problems as being mainly social and financial ones:

"well - I never really had a great social life but I suppose it gets greater as you get older but mine might not - it might set me back a few years - it'll be helluva lot hard financially - cause if I never had Mum and Dad I'd be out sort of in a flat ..."

Diane (18), on the other hand, was concerned about being able to cope with the physical wellbeing of her baby.

"I think it's teethin an that - that's the thing I'm dreadin - an if there's anythin wrong wi him ken - I hope I can cope OK - well wi me bein on ma own sort o hing - wi the baby - suppose I'll learn."

Two girls, Teresa (19) and Linda (18), had mixed feelings about having a baby to look after, but while both were able to spell out some of the good things they thought a baby would bring, they were unable to specify what the not-so-good things might be.

Teresa (19) looked forward to seeing the baby grow up:

"(good things?) - just watchin it grow - watchin it develop - it gies ye a good feelin just feedin it - I wouldnae dream o changin her - so I suppose a lot o good hings - her first tooth - her first word - a the things tae look forward tae - (not so good?) - I expect there'll be just as many - pros an cons in everythin."

Linda (18), however, seemed to feel that her personal life and her relationships would be improved by having a baby:

"I wis never wan fur gaun oot - ... - but - it'll make a lot o difference - but I think it'll make me happier - cause I've been a wee bit unsettled - I wis a wee bit o trouble for ma mum an dad since I wis about 16 - (not so good?) - quite a few ..."

A third (8, or 33%) were convinced that their lives would be better. For half, this would be because they now had someone to care for and be responsible for. Isabel (17), who said she was a chef and was ambitious to have her own restaurant, declared that she came from a close family, but she anticipated that her life would be even better now that she had a baby to take with her:

"I think it'll make it happier - I'll enjoy it more - I've got somebody to enjoy it wi - that's all ..."

Karen (17), who was unemployed, lived with her mother. She felt, too, that the baby would be company for her:

"I think it'll be better - ... - I mean I'll never be lonely - I mean ma mum works shifts till 11 o'clock at night - an I used tae sit in that hoose really bored an that ken - used tae get depressed ...".

Donna (18), who was also unemployed, said she felt that having a baby would give some purpose to her life:

"I think it'll make it better because I'll have a child to look after an everything."

Karen (17) was of the opinion that her status as a mother would necessitate her becoming more adult, and she in no way saw it as a handicap as far as her future marriage prospects were concerned:

"Mak me grow up - cause I'm a mum noo - an I might meet another boy - ye never know ..."

However, Pauline (19), Rhona (16) and Debbie (17) seemed

to find the excuse of staying at home to look after the baby very attractive. They were happy not to have to work, which could be due to the fact that they all had had an unskilled manual job, which was not the sort of job they had planned to have:

"I'll probably stay in the house for about a year before I even think about goin out to work - cause I want to stay with the baby for its first year at least - then think about finin work - as long as I can cope - if I can't I'll go out to work ..."
(Debbie, 17);

"Well I'll feel a bit old - well I wis gaun aboot - just walkin aboot an gaun roond tae ma dad's hoose every day - an I wisnae stayin in the hoose nor nothin - I've got the baby noo and I'll be in the hoose every day an I'll have tae bide in ..."
(Pauline, 19);

"Just I'll no be workin - I'll be in the hoose an that - aye - gie some excitement" (Rhona, 16).

Linda (19) was unusual in that, while she was happy to have the baby, her pleasure was tinged with regret that she would be unable to pursue a promising career:

"It will obviously be a big difference because I won't be able to go away to dance school ...".

Just over a fifth of the girls (5, or 21%) said that they felt that it would not make any real difference. Heather (17), for instance, said only:

"No difference"

and when she was asked to be more specific she was unable - or unwilling - to be.

Rachel (19) saw her world as continuing to be focussed in the flat she shared with her boyfriend:

"I think it'll just be the same - cause in the 9 month I wis out at the beginnin - but the last 3 or 4 month I wis never out - never much o a social life - so I wouldnae be missin that - ..."

Elaine (16), too, commented on her social life:

"I don't think it'll really make any change - the only change it'll really make is in ma life - wi things like I'll not be able to go out so much - an bringin a baby up isn't exactly cheap - it's quite expensive - so these are the changes I think'll be in ma life."

Also, almost a third (7, or 29%) of the girls had given little or no thought to their future. They seemed quite unable to envisage any of the problems that they might be faced with as single teenage mothers.

It could well have been that Brenda (19), like Sharon (14), who both had had a very small baby which was not at all well, could not bring herself to think about the future:

"I donno really - I'll just need to take it as it comes I suppose ..."

Sharon (14) concentrated on the fact that having the baby would somehow compel her to go to school:

"I dae ken - ... - I cannae tick school that's one thing - cause I've the bairn to think aboot noo."

Jacqueline's (18) feelings about the prospect of having a baby may have been influenced by the fact that, not only was it an unwanted pregnancy, but also that her boyfriend refused to have anything more to do with her once the pregnancy was confirmed:

"I dinnae really know - but I ken I've no just myself to think aboot noo - I've got the bairn to think about - maybe make me think a wee bit mair - (future?) - cannae really say."

Tracy (18) had problems with her boyfriend as well - he wanted her to have an abortion and was not at all happy that she had the baby:

"I dae ken really - well I never really went oot that much anyway - ken I just usually steyed in - so - (better?) - I dae really ken - I'll just hae tae wait an see I suppose - I'm no very share."

For Tracy (18) the reason was her concern about being unemployed. She had said earlier in the interview:

"well if ye're on the dole there isnae much lookin forward tae in a bairn is there";

so it is perhaps not surprising that she was not enthusiastic about her future with a baby:

"Oh I dae ken - I'll no ken that till I get hame - (good things?) - nuh - dae find nuthin oot like that till ye're actually yersel yet - (not so good?) - nuh."

It would seem, then, that the majority of the girls who had an unplanned pregnancy were not upset at having an excuse for not working - a third (8, or 33%) had had an unskilled job, and just under a third (7, or 29%) had been unemployed. In fact only one girl out of the 24 expressed regrets that she would be unable to follow her chosen career. It is not possible to assess how important the exchange of an unfulfilling job, or no job, for the perceived fulfilling role of mother was, but certainly for many it seemed preferable.

Further, most of these girls were not anticipating going to work in the near future, so it is possible that they saw their status as a mother as being at least equal to, if not superior to, being unemployed or in an unskilled job.

Premarital conceptions

The second option open to single girls who conceive unintentionally is again to have the baby, but, by marrying prior to the birth of the baby, to legitimise it.

In this study eight girls had unplanned premarital conceptions: these girls accounted for over half (out of 15, or 53%) of all premarital pregnancies, and made up 9% of the total study group.

These girls were different in many ways to those who did not marry. First of all, the girls who had an unplanned

premarital conception were older than those who had an unplanned illegitimate birth. All those who had a premarital conception were seventeen or over, whereas less than a third (7, or 29%) of the illegitimate group were, and many of the factors influencing the choice of outcome could be attributed, at least in part, to this fact.

"There is a world of difference in emotional and physical maturity between a 13 year old and a 19 year old and the implications of sexual activity and pregnancy for each of them are very different."

Bury (1984b)

These girls were more likely to come from a family where their parents were together, than the girls who had an unplanned illegitimate birth (75% as opposed to 50%), but they were less likely to be living at home (25% and opposed to 75%). They were also more likely to describe their family as close or very close (88% compared to 74%). Further, their father was more likely to have a white collar job, or to be self-employed (25% as opposed to 17%).

The girls who had premarital pregnancies were more likely to have O grades (5, or 63% had at least one O grade, as opposed to those who had an illegitimate birth where 11, or 46% had one O grade or more), and they were also considerably more likely to have more than 2 O grades (4, or 50% compared to 3, or 13%). They were also more likely to have had a job - only one girl (13%) who had a premarital conception was unemployed, compared

to seven (29%) who had an illegitimate birth - and the job was more likely to be a skilled or a white collar one (38% as opposed to 17%).

More of those who had premarital pregnancies felt happier about being pregnant than those who had an illegitimate birth (25% as opposed to 17% were pleased, and none were sorry about it, compared to 38%). The two girls (25%) who reported that they were pleased to know that they were pregnant were Carol (18) and Marie (19) - Carol, because she was going to get married in the near future anyway and she wanted to have children, and Marie, because of the seriousness and depth of the relationship she had with her fiance. The remainder (75%) had mixed feelings when the pregnancy was confirmed, mainly because they had not wanted to be pregnant at that time. Jane's (19) was a typical response:

"Well I would rather have waited - but I wisnae really bothered about it ..."

This means, then, that not one of those who had premarital conceptions said that they regretted unreservedly finding themselves pregnant, unlike over a third (9 out of 24, or 38%) of those who had had an illegitimate birth.

In all eight cases, as with those who had illegitimate births, there was no question of the outcome being

anything other than having the baby and keeping it.

Of the eight girls, five (63%) maintained that they had planned to get married to their partner at some time in the future, and that the unplanned pregnancy had simply meant that they got married earlier than intended - by months in some cases, by years in others.

They reported, too, that they had married their only sexual partner, whereas over a third (8 out of 23, or 35%) of the girls who had an unplanned illegitimate birth had had more than one sexual partner. However, although they had plans to marry, and had known their partner for some time, none of them had been very active sexually.

Louise (17) said she had intercourse only once and did not consider having an abortion:

"I was dead set against abortion ... it was my baby and I wasn't going to kill her"

but she and her boyfriend had already decided that, if her pregnancy was confirmed, they would get married earlier than planned.

Jane (19) stated that she had had intercourse only twice. She had been going to get married some seven months after the interview, but she had planned to wait "a couple o years at least" before getting pregnant. However, having found herself pregnant, she was not prepared to have an abortion:

"Well I was goin to marry Andrew anyway - we would've had a family one day I suppose - I just

couldn't do that - it'd be on my conscience all my life."

Marie (19), too, had had intercourse only twice. As a staunch Catholic, she would not consider having her pregnancy terminated under any circumstances:

"we just decided that if I was pregnant well we'd hurry the marriage up ..."

However, Kim (17), who had intercourse "now and again" and had only used contraception on one occasion, reported she was happy to find herself pregnant, since it meant she would get married at last:

"as I said I didnae believe in abortion - ... - I was lookin forward to it - we'd intended gettin married - but always in 2 years an 2 years an 2 years an it never seemed to come or anything ..."

Carol (18) said that she had intercourse "no regularly - when it suited me". She declared that, had she not become pregnant, she would have been marrying her partner the same month that the baby was born.

"Well there wasn't any decision really - because I didn't want to have an abortion - I didn't agree with that - didn't want it adopted - ... - well we were actually planning to get married in March - ... - this just brought it forward."

It would seem, then, that these girls were not required to consider seriously the option of abortion, because all of them had planned to marry, and the unplanned pregnancy simply brought the marriage forward.

The remaining three girls agreed to marry because of the pregnancy; these girls being involved in what used to be known as "shot-gun marriages".

These girls, too, had intercourse on few occasions.

Catriona (18) said she had conceived on the third occasion of intercourse, Lesa (17) stated that intercourse "wisnae really regularly", and Angela (17) reported having intercourse "not very often". These three girls, who had not discussed with their partner the consequences of an unplanned pregnancy, were again under no real pressure to consider terminating the pregnancy because, once it was confirmed, the question of marriage was raised:

"I just telt him an just had a talk an he wis wantin tae get merried an that - fine." (Catriona, 18);

"Well he just says if that I wanted we'd get married - but we never ever spoke aboot abortion or anyhin - just havin the baby." (Angela, 17).

Even pressure from family to consider other outcomes made no difference. Lesa's mother, for example, in spite of the fact that Lesa (17) was engaged, had tried very hard to get her to have an abortion or to have the baby adopted, but Lesa would not be persuaded:

"I widnae even dae that - I widnae even think aboot daein it - I mean we made the mistake - it's us that's got tae live with it - no there's nae way."

The decision to marry was made very quickly in most cases, although it was not necessarily those who had planned to marry who made definite plans within a day or two of the confirmation of the pregnancy. For four girls the decision was made the day the pregnancy was confirmed, and for one it was the day following the confirmation - these were Kim, Carol, Angela, and Jane, who had already discussed marriage with their partner, and Catriona, who had not. For two girls, Louise and Marie, who were both already engaged, the decision was arrived at during the second week after confirmation, and one, Lesa, knew by the fourth week that she would be getting married. Lesa initially was very unsure as to whether her boyfriend would marry her or not, even although he had said he would if she became pregnant:

"when I says to him I'm pregnant ken he just looks at me an says oh aye ken - I wis feared - I felt sharely he disnae love me as much as he made oot tae me - an I mean his mum never thought I wis good enough for him because I wis on the dole an he wis workin"

However, although according to her, the decision to marry was a joint one - as already mentioned she was engaged when she conceived - her husband became very difficult during her pregnancy and began going out at night wearing his wedding ring on his right hand, and became very uncaring, so it seemed that the marriage might not survive very long.

Three-quarters (6, or 75%) of the premarital group reported being pleased once they knew they were definitely to be married. Five stated that the decision to get married was a joint one, while three said that it was their boyfriend's idea:

"he says instead o just gettin engaged he says we'd better just get mayried - cause I wis wantin tae get engaged anyway" (Catriona, 18).

However, both Jane (19) and Marie (19) said that they had had mixed feelings about getting married, even though they maintained that they had planned to marry their partner, and that the decision to marry was a mutual one. They felt that their wedding day had not been as they had hoped it would be.

Jane (19) said:

"I would rather have waited - but I wisnae really bothered about it - but I would rather have waited till when I planned to get married - I wis goin tae have a much bigger weddin an things - I don't know - it just wasn't the way it was planned - ... - I was always wantin a great big flashy weddin - it wasn't a terrible wee weddin - but it wasn't what I wanted really".

Marie (19), too, felt that she would have liked to have more time to prepare for getting married:

"well I was a wee bit doubtful because I would have liked ma house all set out and some money in the

bank and everythin laid out - that's what I think
just a wee bit resentful about it - not bein able to
plan out the weddin ..."

Overall, those who got married because of the pregnancy
felt more positively towards the future than those who
had an illegitimate birth (50% as opposed to 33%), with
none thinking that the future would be worse (0%
compared to 8%).

When asked what differences having a baby would make to
their lives, the answers given by this group ranged from
the positively good to the rather doubtful, with few
seeming to have any real appreciation of the changes and
possible difficulties that having a baby would bring.
Half (4) of the girls who had unwanted premarital
pregnancies reported that they saw a brighter future
ahead, but were none too clear as to the specific
aspects of their lives that would be improved:

"This is what I've always wanted - yeh obviously
it's going to change your whole life style - lookin
after a baby - (good?) - I donno - I've always
wanted to look after a little baby - watch him grow
- ... - (not so good?) - I don't think so - I won't
be able to go out an work an make money - but I mean
that doesn't really bother me." (Carol, 18);

"I've got tae settle doon noo - I've got tae grow up
an show that I'm more - I've got to act a bit mair
than 17 noo - I mean it's worth it - (good?) - just

havin it there an watchin it growin up an that - an
lookin after it ..." (Lesa, 17);
"everythin'll be guid about the bairn." (Catriona,
18).

Jane (19) was the only one who was undecided as to what the future might hold for her. She was one of the girls who had married sooner than she had wanted, and had a baby much sooner than she had planned. Further, she had been unhappy during her pregnancy, and it was obvious she still had reservations about the whole business of pregnancy and marriage:

"I don't know - that's a thing I don't really know - I know it'll make a big difference - I don't really know what - I don't know what I'll be like when I get home - I'll just have to wait an see ..."

Three of the girls who married because of their pregnancy said, though, that they felt that there would be good things as well as bad things about having a baby:

"Oh a lot more responsibility - well she has to come first before we do - you've to think on her - (good?) - the joy of takin care of her - think watchin her grow - somethin so small dependin on you I think - (not so good?) - I think there'll be doubts at times about responsibility an takin care of her - I mean she's totally your responsibility"

(Marie, 19);

"Family feelin - more fun bringin up a baby - it'll be hard times as well but - well be gettin a routine - an - be gettin woken up an - that's no fun - but when you see the first signs o him walkin an talkin an maybe - an of course the family goin out an enjoyin theirselves." (Kim, 17);

"I suppose it'll stop me doin things I coulda been doin - an ma age - as well as tyin me down a wee bit - but I'm pleased" (Angela, 17).

The future for these girls who had premarital conceptions, with one notable exception, Lesa (17), whose personal problems were considerable, appeared brighter than for those who had had an illegitimate birth. For one thing, they tended to be older and therefore, in the main, more mature, and for another, they had someone with whom to share the pleasures and problems of parenthood, and since most of these relationships had been of some months' duration, if not years', it was likely that this support and sharing would lessen some of the problems of unplanned parenthood.

Postmarital conceptions

There were three postmarital conceptions (out of 16, or

19% of all postmarital conceptions) which were also reported to be unplanned. In many ways, an unplanned pregnancy for a girl who was already married posed fewer problems than it did for the other girls in the study, not least because the relationship with their partner had already been established, and they were living in their own home. However, these conceptions were not without their problems.

These girls had been married for ten months, fifteen months and twenty one months respectively.

Only one husband was working, in an unskilled job, while two of the girls had had an unskilled job, and one a skilled one. None of these girls expressed concern about having to stop work.

Andrena (17) already had a ten month old baby which had been conceived premaritally. She had planned to get pregnant the first time because it meant that she and her boyfriend could marry as soon as she was sixteen instead of having to wait the three or four years that her father demanded. However, the second pregnancy was neither planned nor wanted by Andrena or her husband to begin with because it had occurred so soon after the birth of her first baby, but there was no question about what the outcome of the pregnancy would be:

"I never thought o gettin rid o it or somethin with their bein so close - taen a while tae get used to bein pregnant again - it wis a bit soon - ... - but once I got used tae the idea it wis awright."

Andrena, of course, had already had experience in looking after a baby, so she knew what was involved. She was realistic, but optimistic, about having two babies to look after:

"be a lot harder - I think I'll cope."

It was also Lynne's (18) second pregnancy, but her first pregnancy, which occurred some six months before she got married, miscarried at around seven weeks. When they did get married, she and her husband had decided to wait a couple of years before they had a family because they did not have a house of their own at that time, and her husband was unemployed. However, because she said that, as she was a Catholic, she did not use contraception, and so she conceived within a month of getting married. As a Catholic, too, she was very much against termination:

"if I had ten babies I couldnae get an abortion or anythin like that - ... - cause really I don't believe in abortion in any circumstances - if somebody gets raped an they get pregnant they could have that baby an they could get it adopted even though they were goin to be carryin it about - but what's nine months - it's a child's life ..."

Lynne was delighted when she discovered she was pregnant, and she had enjoyed being pregnant because she had been the centre of attention:

"ye get yer housework an that done for ye by Alan - yes ye get an awful lot of attention when ye're

pregnant - ... - but it was good because you felt special - I felt special - just ma mum an that buzzin around a the time - that was quite good ..."

Her response to the question about the good things about having a baby were more to do with the further attention it would bring her:

"it won't be as boring in the house - like sometimes I sat in the house for three days on the trot an ye never went out the door - ye'll be able tae go out wi yer pram an that - like sometimes ye're up the town centre an ye feel daft walkin about yersel - ye've got a pram an that - that'll be good - I hink it's just havin the baby there - it's yours - ye know - that's ma baby - an ye're watchin it grow up an - hings like that - I think it'll be great - it'll be excitin - yer life'S goin to be a bit more excitin ..."

Unlike Andrena and Lynne, Mary (19) had not been pregnant before she was married, and she had been married for almost a year before she conceived. She had not wanted to be pregnant, and had been using contraception, so she was doubly taken aback when she discovered she was going to have twins:

"this pregnancy was actually a mistake - because I thought I was still too young to get pregnant ..."

Mary maintained that she hadn't realised she was pregnant until she was at least three months pregnant,

because she still had her period, and that she had six pregnancy tests before one was positive. She declared that her first reaction on finding out that she was pregnant was that she felt "ashamed - 19 year old and pregnant", but she was reassured when her husband said that there was nothing to be ashamed of, because they were married.

Like the other girls who had postmarital conceptions, she did not approve of abortion - "I'm dead against it".

When asked how she felt when she was told she was going to have twins, she said:

"panic - my husband was crying - I think it was the thought of coping you know - not working - you know being unemployed - and then we got used to the idea."

Mary, whilst pleased to have the babies, was aware that life would never be the same:

"I think maybe a lot of stress you know two being there - you know the two of us will be on the go all the time - never have much time to ourselves - ... - but apart from that I think we should be alright."

These married teenagers, who had postmarital conceptions, then, had to overcome some difficulties - particularly Mary (19) and Andrena (17) who had been unhappy when they realised they were pregnant. But they had to make many fewer major decisions - such as those to do with relationships, and where to stay, and what to do about an unplanned pregnancy - which would affect

their future. For them, the pregnancy went to term, as the question of abortion never arose.

Terminations

The third possible option available to those single teenagers who find themselves unintentionally pregnant is to seek an abortion.

In this study there were thirty one girls who had a termination, of whom all but one maintained that the pregnancy was unplanned. However, unlike those who, having had their pregnancy confirmed, continued with it mainly because they did not approve of abortion, these girls decided, or in a few cases had it decided for them, that the pregnancy should be terminated.

As Macintyre (1977) points out, those who have abortions are more likely to have thought through very carefully the various alternatives open to them:

"in considering abortion a woman is defining her circumstances as alterable, that is that continuing her pregnancy to term and keeping the baby is not inevitable."

Having rejected the outcome of an unplanned pregnancy as being, inevitably, an unwanted baby, the girls in this group decided to alter the natural course of events by seeking an abortion.

Undoubtedly, it is much simpler to continue with a pregnancy rather than to opt for termination. It is necessary for the girl who wishes to have an abortion to

decide quickly and to take the necessary steps as soon as possible after confirmation, often in the face of possible opposition from partner, family, friends and/or the medical profession. Many of these girls went against the wishes of people whose opinions they sought and valued because they felt that abortion was the most acceptable - or perhaps least unacceptable - of the options available to them in the light of the circumstances prevailing at that time. But some found themselves having to cope with a very traumatic event in their lives with the support of one, or at the most, two caring friends (see Table 6.8.).

Unlike a pregnancy which goes to term, which sooner or later becomes obvious and therefore common knowledge, a pregnancy which is terminated need be known only to the girl herself and her doctors. If anyone else is told, it is because the pregnant girl chooses to take that person or those persons into her confidence, and those informed may or may not include her partner and/or her family. An abortion may therefore be shrouded in secrecy, and surrounded by guilt.

Further, it must not be assumed that all those who opted for termination necessarily approved of abortion - several did not, but the benefits of an unplanned and unwanted pregnancy were perceived to be too few by those individuals at that particular time.

The girls who had a termination differed in many ways from those who continued their pregnancy. Four girls (13%) were still at school compared to only one girl (out of 24, or 4%) who had an illegitimate birth. Also, whereas the one schoolgirl who had an illegitimate birth did not wish to stay on at school or get qualifications - since she was 14, she had not yet had the opportunity to sit O grades - the schoolgirls who had had terminations hoped to sit O grades and/or Highers, and three out of the four girls anticipated going on for further training - the fifteen year old, who was about to sit eight O grades, was hoping to go to College or University; the sixteen year old, who already had one O grade, and was going to sit three more O grades and two Highers, wanted to go to Art College or take a secretarial course; and the seventeen year old, who was in sixth year, already had two Highers and four O grades, and was about to sit six more O grades, had been accepted for a three year nursing course.

Overall, the girls who had terminations had more qualifications than those who had an illegitimate birth - they were more likely to have two or more O grades (57% compared to 13%). Also, of those who had left school, almost a fifth (5 out of 26, or 19%) had a white collar job, compared to none in the illegitimate group, and slightly fewer were unemployed (23% as opposed to 29%).

The family background of the two groups were also different. The fathers of the girls who had terminations were slightly more likely to have an skilled job or white collar job or be self-employed (15 out of 26, or 58%) than the fathers of those who had an illegitimate birth (10 out of 19, or 53%). These girls were also less likely to come from a broken home (13 out of 30, or 43%, compared to 50%), although they were more likely to describe the family as being "not very close" (11 out of 30, or 37%, compared to 25%). They came on average from a smaller family (the mean number of siblings was 2, compared to 2.6 in the illegitimate group). They were also more likely to be living at home (24 out of 30, or 80%, compared to 75%), and if they lived at home they were more likely to have had a bedroom of their own (80%, as opposed to 67%).

As far as relationships were concerned, only one girl was engaged (3% compared to 13% who had an illegitimate birth), but more said they were "going steady" (73% compared to 50%), and fewer maintained that they had "no regular boyfriend" (23% compared to 38%).

More of the girls who had terminations had been trying to control their fertility - half (15, or 50%) had been using contraception around the time they conceived, compared to a third (8 out of 24, or 33%) of those who had an illegitimate birth. Also, the girls who had

abortions, who were nonusers around the time of conception, were less likely to have been never-users - 40% as opposed to 69% of the girls who had illegitimate births.

Most of the girls gave more than one reason for terminating the pregnancy - reasons such as being "too young", having no job or just having started a job, fearing the reaction of parents to an unwanted pregnancy, being unsure of the long-term nature of the relationship they had with their partner, but especially feeling that practically or emotionally or financially they couldn't cope with having a baby (Table 7.3).

Table 7.3. Reasons for termination

Reason	Number
Could not cope	17
Too young	12
Because of job	10
Parents reaction	6
Wrong time	5
Parents' decision	4
Relationship	3
Unemployed	3
Marriage not wanted	3
Not married	1
Total	63

For the majority, the decision to have an abortion, although it was perceived as the only possible outcome in the circumstances, was viewed as being neither an easy nor a straightforward decision, but was reached because of the combination of what were felt to be compelling reasons for terminating an unplanned and unwanted pregnancy.

Lisa (18), for instance, gave a variety of reasons for her decision:

"Well I don't really want to get married - an I wouldn't want to have a child without a father - an I started permanent work not too long ago which I enjoy - I don't want to stop doing that as well - so it's really it's just the circumstances are not right - I don't feel ready - I don't feel I'm mature enough or responsible enough to cope with a baby either - so the baby wouldn't benefit an I wouldn't benefit."

What was common to all of the girls was that they felt that they were in no position to take on the responsibility of looking after a baby.

A frequently given reason for deciding to terminate the pregnancy was because the girl thought that she was "too young" to take on the responsibility of having a baby:

"I think I'm too young - it wouldn't be much of a life for it - ... - think I'm too young for it."
(Shirley, 18);

"Because I was very young - I couldn't support a baby ..." (Hazel, 17);

"Cause I'd just left the school an that - an just started a job - an I was too young ..." (Julie, 16);

"I wis far too young - an I mean I would like to wait first an see what life's sortae aboot ken ..." (Laura, 18);

"Far too young - nae money to bring up a bairn - I wouldnae like tae bring up a bairn unless I had everythin" (Brenda, 17);

"I feel as though I'm too young - I dae feel as though I'm mature enough - tae gaun through wi it an that." (Lynn, 17)

Elizabeth (19) was a student and had two more years before she would finish the course she was taking, after which she hoped to join the Metropolitan Police. She, too, even at 19, felt she was not ready to be a mother:

"I decided I'm just doin the right thing - I mean I'm still young ..."

Many of the girls were convinced, apart from other considerations, that their future, and in particular their work prospects, would be adversely affected if they continued with the pregnancy. These girls tended to view their work, not simply as a job and an end in itself, but as one rung on a ladder of a career.

Jane (19) was the one girl who was engaged, and said that she would eventually marry her fiance, but an important factor for her was the fact that she has recently started work in a new catering post:

"I've just started a job that I'm happy at - ma boyfriend has just started a job 3 weeks ago that he could have some money at - now we're just startin to get some money together an start savin - we've got a flat comin up - ... - I'd rather wait."

Lisa (18) did not want to have to give up her job. She was a clerical assistant, but had ambitions to improve her status:

"Hopefully in the same line of work but a little bit further up - cause I do enjoy it - like maybe to have a secretary's job."

Shirley (18), too, did not want to have to give up working, and aimed to do well:

"I don't want to stay in the job I've got the now - a job I could sorta move up the scale in a big firm or somethin like that."

Lesley (17) was about to get engaged, and said she would get married in "maybe about five years time". She was very enthusiastic about her new job:

"I did think about it a lot - I mean I would've loved to have had it - but when you think about it in the long run - I mean - I'm supposed to be goin on holiday in the summer - an I've just started this job - an it is a good future in this job ..."

For Louise (18), the decision to terminate the pregnancy was made, not only because her future career would be affected, but also because her boyfriend's career would be affected too:

"he says that if I wis goin tae have the baby he wouldn't go into the army - that he'd stay with me - which was ruinin his life an woulda been ruinin ma career for the nursin - ... - so we just decided that that would be for the best - at this time o life anyway."

Not having a job also played a part in deciding to opt for abortion:

"Ma boyfriend being on the dole - not being able tae afford it - being by mysel - nowhere tae keep the bairn - I'd have tae leave my job an all - and I'd have to go to the Social Security - an I didnae want to dae that." (Lorraine, 17);

"I mean I cannae really afford tae have a bairn yet - cause I havenae got a job - I'm on the dole ..."
(Laura, 18).

Both Mandy (16) and her boyfriend were unemployed, and so the financial problems were considerable;

"I hadnae had a job - I wid have nae money to look efter it or anythin - that's how."

Unlike those who had had a premarital conception, some of the girls felt that the relationship they had with

their partner was not at a stage where marriage could or should be considered:

"My relationship with this boyfriend - I don't really think it's going to be a permanent thing - I didn't want to have a baby for that reason cause I knew I'd be left alone with it - bring it up myself - I don't think I'm mentally ready to have that sort of responsibility - and I just want to get myself sorted out first - you know what I mean - with being unemployed - get my own life sorted out first without bringing another one into the world ... The most important reason is I knew I'd be left alone with it and I didn't want that - cause I've seen my sister trying to cope with her baby relying on Social Security - I didn't want that." (Hayley, 18)

Lynn (17), who was in sixth year at school and had already been accepted for nursing, felt that the time was not right for marriage - not only because she wanted to have a career, but also because her boyfriend, whom she said she would marry in three years or so, was, at the time of the abortion, fifteen years old and still at school:

"I wid rether be married when I - I wid rether it wis planned - when we hid everythin an we hid the money fur it ... - me'n Fraser are gettin engaged at Christmas - but we'll no be gettin married until ma course is finished ..."

Several of the girls felt that without the help and support of their parents, and of their mother in particular, there was no question of there being any other option than abortion:

"Well I feel that I couldnae cope - well financially - ... - an I'd have to stop an cut ma job an everythin for so long - an ma mum says that she wouldn't support me - that's ma main reason I suppose ..." (Sharron, 17)

Laura's (18) mother had died some two years earlier, and, as the only one of the family still living at home with her father, she felt she could not have the baby:

"I've only got ma dad - ken ma mum's no there so - if ma mum wis there it would be different - that's why I didnae want tae have a bairn the noo."

Helen's (17) parents were quite adamant that they would not help her if she continued with the pregnancy:

"my mum and dad said if you ever do have a baby Helen you'll have to leave the house - ... - and I thought well Helen what are you going to do - so I lay in my bed one night and I thought it all out - ... - so I just thought I'd get rid of it."

Carla (17) had already left home when she became pregnant. She was the one girl who had a termination who admitted that her pregnancy, though not planned, was not an accident. She had hoped her boyfriend would marry her, but before she could tell him about the pregnancy, she discovered that he was already married:

"Well I couldn't bring it up maself wi nobody behind me - ma mum an dad they didn't want anything to do with it - an him bein married."

For four of the youngest girls in the study - Suzanne (16), Carol (16), Nicola (15) and Elizabeth (15) - the decision to terminate the pregnancy was made for them. Suzanne (16), who conceived as a result of her one and only experience of intercourse, agreed with her mother's insistence that she should have her pregnancy terminated:

"she says even if you would want that baby you're getting an abortion - I knew how my mum felt - ... - I couldn't cope with it - I'm too young - I'm just a wee lassie myself."

Nicola (15) also agreed that the only acceptable outcome of her pregnancy was an abortion. However, unlike Suzanne, she had been sexually active with a number of partners for over two years, although her mother thought she had conceived on her first occasion of intercourse. Nicola was of the opinion that it was her father who had been chiefly instrumental in arranging that the abortion should take place:

"ma mum ... she's not asked me - she's taken it for granted that I would get rid of it - I said I did want to get rid of it anyway - ... - (who decided?) - it was ma dad I hink - ... - I hadn't been asked

along the whole time whether I wanted to have it or whether it was to be aborted - ... - I didn't think about it cause I'd taken it for granted that I'd have an abortion anyway - but then when I think about it nobody asked what my point of view was."

Nicola, a very perceptive girl, said of her mother's reaction to her pregnancy:

"she can't take it that I was havin sex - she can't take that - cause she'll not let me go on the pill afterwards - she can't take it that I'll be havin sex - she still thinks - she was sayin that the thing is I was still a child an bein pregnant at 15 - she couldn't take that ..."

Carol (16) did not altogether agree with the decision that she should have an abortion, but she went along with it:

"I think I would have had the baby if it wasn't for my mum - but she thinks I wis too young and it ruins your life with you being young - so she says the best thing to do was to get an abortion ... - I'm too young for tae cope wi all that - so I just had an abortion."

Elizabeth's (15) mother had no doubt about what the outcome was to be:

"she thought I wis too young - I couldnae cope ..."

However, Elizabeth, unlike the others, disagreed with the decision; she maintained:

"I widae been able tae cope."

All of these girls resented, to a greater or lesser extent, the fact that they felt they were not properly consulted about the decision to go ahead with a termination, despite acknowledging that, because of their age, it was the only feasible outcome. It is perhaps a reflection the relationship between these young teenage girls and their mothers, in particular, that the decision to terminate the pregnancy was not seen by the mother as requiring the considered opinion of the person most intimately involved - namely their daughter.

Lynn (16), who got pregnant when she was drunk, faced a particularly difficult situation, in that her mother wanted her to have the baby, but she felt she could not explain to her mother why, disapproving as she herself did of abortion, she was going ahead and having one.

"ma mum wantet me tae have it - but I mean if she'd known the proper circumstances she'd wouldn't - couldnae tell her though - ... - I mean I don't believe in abortion ..."

Tracy (18), however, stated, untypically, that she had no intention of ever having a child:

"I don't want any children - ever - I don't like them - I couldn't be bothered with them - an I think a lot of it's to do with the way I was brought up - an the way ma mum was - an I would hate to think I'd turn out like her."

Four girls who had terminations had been pregnant before. Sarah (16) and Maria (18) had had abortions. Sarah (16) had had an abortion some eighteen months before when she was fifteen, but she had not been particularly careful about using contraception, and so had conceived a second time. The boyfriend, her fourth, who had made her pregnant on this occasion, was almost a year younger than she was and was still at school. He had not been told about the pregnancy. Sarah said that her parents had agreed that the decision was hers, and she was in no doubt as to why she should have the pregnancy terminated:

"well I'm goin on holiday on Monday for a start - an I think I'd be too young to look efter a bairn anyway ..."

Maria (18) had her abortion almost exactly a year earlier, and she had that pregnancy terminated because she said that her boyfriend had had intercourse with her when she was out cold, because she had had too much to drink. She said she was so ashamed that she told noone about the pregnancy or the abortion. She maintained that her reason for having a second termination was because her parents had just moved into a new house and she felt it would have spoiled their obvious delight, and so she could not bring herself to tell them she was pregnant:

"there was one night I was just about to tell ma mum

an she carried on about what colour ma dad should paint this - an she was talkin about a suite that would cost about £800 - an I thought my god no I can't - I mean it's the kind of house she's been wantin for I mean like 10 years or so - an if I had told her then there's no way she would have kept it - so it was really for ma mum an dad ..."

Samantha (18) and Kathleen (19) were unmarried mothers, but they felt that their circumstances militated against having another child at that time:

"I couldnae cope wi anither bairn - definately no - (if married?) - naw - it widnae - Dr - asked me that tae - tae think aboot it - because he said something about gettin married - but even if I am married I dinnae want anither bairn." (Samantha);

"it's no the child's fault - ... - I just wanted everythin tae be cosy an ma wee girl started nursery before I even thought aboot havin any more - an I wantet tae plan the next one - no an accident - an then I fund oot I wis pregnant - I just couldnae handle it." (Kathleen).

She had some lingering doubts, though, about her decision:

"I don't know if I've done the right thing - I've no really had time tae think aboot it - but I ken it'll get tae me when I get hame an everythin - but I ken I'll get over it."

Marriage was suggested in over a quarter (8 out of 30, or 27%) of the cases; six of the boyfriends wanted to get married, while two mothers felt their daughters should marry, but the suggestion, from whichever source, was rejected.

Louise (18) had discussed marriage with her boyfriend:

"when the time came tae it an we sat down an talked about it there was far too much at risk - ... - because I'm wantin a career an so does he - ... - we're not ready tae have children just now - or to get married an settle down ..."

Lesley's (17) boyfriend wanted her to get married because he wanted her to have the baby, but she would not agree to it because "I'm not ready to be tied down yet":

"well he more of less said - I think he wanted me to keep it - he would get married right away - I think ken he would - but he realises it would cause problems - not because I don't love him or anythin - but because I know it would cause problems ..."

Jane (18) was not prepared to consider marriage because she felt that neither she nor her boyfriend were mature enough to take on the responsibilities of marriage and parenthood:

"he wis wantin tae have wir child - but I think he thinks he's ready but he's no ready for it - he wis wantin tae get married - ... - I ken I'm no ready or I'd had it."

Samantha (18), who already had a two years old child, did not want to get married:

"well ma boyfriend asked me - last time I got pregnant my boyfriend asked me if we should get married - but I didn't want tae because I wis only 17 when I had Kelly - an this time he says we can get married - but I says no - I don't want tae - I dinnae want tae be tied doon the noo ..."

According to Samantha, it was important to her that she still had a certain degree of freedom:

"I've got a wee baby and she's nae problem but she's a bit wild - but I've still got a life - I mean ma mum has her on Friday till I can go oot every Friday - so it's no as if I'm missin oot on anythin ..."

In all eight instances, then, the girls reported that they felt they were not ready to be married.

It would seem, then, that all of those who chose to have their pregnancy terminated realised the considerable difficulties that unintended early motherhood would create for them in the short term, and many also were aware that there could be long-term problems as well. However, as stated at the beginning of the chapter, unquestionably, it is more difficult to arrange to have an abortion than to continue with a pregnancy. Firstly, the girl who wants to have a termination must get the agreement of two doctors, usually a GP and a gynaecologist, under the terms of the Abortion Act 1967,

and this was not always as easy to obtain as the girls who sought abortions had imagined it would be.

In Nicola's (15) case, there was no difficulty - she was simply informed by her GP that she would be having an abortion:

"the doctor told me the first time I went down that he'd arranged to have it terminated straight away - he hadn't thought of me wantin to have it ...".

Of the thirty girls, just under three-quarters (22, or 73%) reported that there were no problems as far as arranging to have the termination was concerned. This, however, may well be an inaccurate figure, but, since the interviews were carried out in hospital, it is possible, if not probable, that some others may have had problems but were unwilling, because of the location, to say anything about it. Those who reported that they had had difficulties tended to be among the older girls, but it was impossible to establish whether the older girls were treated differently to the younger ones, or whether it was that the older girls were better able to describe what had taken place and how they had felt about it.

Over a quarter (8, or 27%) of the girls who had a termination declared that there were some problems, of whom three-quarters (6) stated that the arrangement was difficult, either because of the attitude of the GP, or because of the attitude of the gynaecologist, or of

both.

Lisa (18), for instance, felt that her GP made things very awkward for her:

"he wrote a letter to Dr - here - somethin that said he'd offered me the pill before which he never did in so many words - ... - and he said there had been several episodes of unprotected intercourse which wasn't true - ... - he made it sound as though it had been going on for a long time which wasn't true - I wasn't very pleased about that ...".

The girls who had considerable problems all had GPs who, to a greater or lesser extent, did not approve of abortion:

"the doctor bluntly put it over that he was against it - bluntly - I gave him my reasons which I thought were suitable reasons - an he says I'll put it to the gynaecologist - whether he accepts or not I don't know - so I had to wait actually to go to the gynaecologist before I knew - cause he says he might not accept ma case ..." (Jane, 19);

"we went tae the doctor's - an one doctor wouldn't sign a form - an then I went to another one - but if they weren't goin to sign it we were goin to go private." Shirley (18);

"he didnae want me tae hae it - he wis really - he wisnae nice tae me at a - horrible - neither wis the doctor here - he wis ignorant as well - ... - (GP's reasons?) - he says why can't you have it - people

of 15 an 16 have a bairn - I says that's nae life for a child - wi their mothers only that age - but he went on an on ..." (Brenda, 17).

Further, two GPs not only did not approve of abortion, but also suggested that the girls should get married.

"I got fed up with the doctor sayin can you not get married - it wasn't the fact of gettin married - married or not we wouldn't've wanted it ..." (Tracy, 18);

"I dinnae really like ma doctor - I mean he wis pretty bad tempered about it - (did he try to persuade you not to have an abortion?) - no in so many words - but I knew he didnae approve o it - accordin to him I should've been gettin married an doin the right thing - I mean but it's no always the right thing - fair enough it sounds great - but no if it's no goin to work out." (Lesley, 17).

Several of the girls also had problems at the hospital when they ent to see the gynaecologist. Brenda (17) was not alone in feeling that the treatment that she got at the hospital was less than sympathetic.

"In here on Friday when I was in I thought the treatment was very bad - they made you feel terrible - ye know it was as if ye'd been with about 30 people an ye couldn't even name the father - that was the impression they made on you - I just thought it was terrible - ... - I was in two minds whether

to come - ... - an finding out how I could get it done privately - ... - I wasn't bothered how much it was goin to cost me ..." (Tracy, 18);

"well that's the worst experience I've ever had in ma life - it was enough to put anybody against goin doon there - they treat you with no manners - ... - an then when I did get called in to the doctor (gynaecologist) he didn't lift his head to me - asked me a few questions - an I just broke down in tears cause I don't think it was a very nice attitude to anybody - they've got their personal views about obviously this kind of thing but I don't think they should show it - when I came out I was really hurt about it ..." (Jane, 19);

"I went tae see ma gynaecologist - cause I go tae him a the time - ... - he says tae me there's no way ye're havin an abortion - ye're goin to have this child an adopt it out - well I blew up in his office an told him where tae put his hospital an at that barged oot - an I wis in hysterics ..." (Kathleen, 19).

All of the girls, though, who were unhappy about the attitude of their doctors, either the GP or the gynaecologist or both, persevered in their efforts to have a termination, and succeeded in getting one. It is impossible to know how many girls were discouraged as a result of such treatment, although, as was stated

earlier, it has to be stressed that none of the girls in the study who continued with their pregnancies said that they had sought an abortion but had failed to get one. Nor did any admit that they had tried to arrange to have an abortion but had changed their minds. This finding is rather different to that of Simms and Smith (1986) who report that, of the teenage mothers they interviewed, twenty four girls (5% of the sample) had sought an abortion, of whom a third changed their minds for various reasons, and two-thirds were "either turned down flat by their doctors, generally without explanation, or were informed that they had applied for abortion "too late"".

It could be that, since the teenage mothers in the Fife study had newborn babies, any who might have sought an abortion would be unwilling to admit to it, although it is felt that this is doubtful because of the willingness with which the girls responded to other related questions. On the other hand, of course, it may well have been that those who had problems arranging a termination had gone elsewhere in Scotland, or even to England, to have one, and therefore would not have been included in the study.

Almost a third of the girls (9, or 30%) expressed varying degrees of regret at having had to have an abortion:

"I'll hae it on ma conscience all my life anyway ..."
(Lorraine, 17);

"I feel a wee bit guilty the noo but I dinnae ken what I'll feel like later on ..."
(Samantha, 18);

"I'll hae it on ma conscience all ma life ..."
(Lorraine, 17);

"I will think about it - I'll always wonder what might have been - what would have happened if I'd kept it - would everythin work oot OK - an when I have my first child again - if I have another child - I'm worried in case I cannae have any noo - how it will affect me when I do have my first child ..."

(Jane, 19).

For Jane and Helen, however, the main reaction was a very definite sense of relief that the problems of an unwanted pregnancy had been resolved:

"Well I know it's not nice to say it but I think a relief - well a relief for me and a relief for my parents ..."
(Helen, 17);

"I think it'll leave a mark a ma life - it's no as bad as I thought it wis though - I thought it wid be worse - the way I felt after it - but I feel aright - dae feel guilty or anythin - dae ken - but I thought I'd feel awfae guilty."
(Jane, 18).

When asked if they thought that having a had a termination would make any difference to them in any way, not surprisingly, in view of the fact that 97% of

these conceptions were unplanned and unwanted, almost two-thirds (19 out of 30, or 63%) were adamant that they would make sure that they always used some method of contraception in the future and that they used it effectively.

Typical of the responses were:

"Oh yea - for a start I'll no forget to take the pill any more - I couldnae go through this again - so I'll be really really careful this time."

(Hayley, 18);

"well it'll make me make sure I'll be on the pill - in the respect I won't let this happen again ..."

(Hazel, 17);

"I'm goin right back on the pill again - I've got one for goin back oot." (Laura, 18);

"I'm goin to see about the pill - if it doesn't work I'll go straight back an try the coil or whatever."

(Jane, 19);

"I'm definitely goin on the pill - no chance - better safe than sorry - ... - but I know for a fact right if I get pregnant again I'm not havin another abortion - I think one's enough." (Sharron, 17).

Julie's (16) mother was going to make sure that contraception would be used in future:

"ma mum says that I'm goin on the pill an that."

Brenda (17) had a particular reason for using contraception: her doctor had warned her that he would refuse to give his consent to a second termination.

For some of the girls, particularly the younger ones, the experience they had just had had made them think very seriously about getting involved in another sexual relationship. Elizabeth (15) and Suzanne (16) were both very concerned about not having intercourse again in the near future, having conceived as a result of their only one experience of intercourse:

"I dinnae think I'll have sex - (never?) - when I'm old enough - about 16 or 17." (Elizabeth, 15).

Suzanne (16), though, planned to delay any further sexual activity considerably longer:

"Yes but I won't have it - I won't have sex again - apart from I'm scared to do it again - in case something like this happens again - only possibly when I'm married but not before that ever."

Nicola (15), on the other hand, had had, in comparison, a relatively lengthy sexual career with many partners, but she maintained she was going to change her ways:

"I couldn't go through it again - it wis awfae - ... - I don't think I'll be havin sex - I think I'm just gonna stop completely till I'm 16 an then I'll go on the pill - an the it'll not be sleepin around - it'll only be sortof a long steady boyfriend ..."

Even Elizabeth (19), who was quite a bit older than many of the girls in this group, felt that she would be very wary of getting involved in a physical relationship:

"I just dinnae hink I'll be able to go near boys

again - ... - no for a while."

Lynn (16), having become pregnant as a result of getting drunk, found that her social life had already been affected. She was frightened even to talk to a boy who found her attractive:

"that was like on Friday night I was out an there was this boy tryin to chat me up an I just got up an walked away - couldn't bear it - I was scared - cause I mean I'd had a drink an I was scared."

Several of the girls, though, were unsure as to whether the abortion would affect them or not:

"I don't think it'll really affect me that much - maybe once - if I get pregnant again - it'll probably bring things back up again - but it'll probably be forgotten about - or not totally forgotten - I don't think I'll ever forget it - but I don't think it'll cause problems in the future."
(Lesley, 17);

"I can't tell yet - it's an experience isn't it - but I don't know how it will affect me - but I'll definitely go on the pill now - yeh ma doctor's made sure of that for me - gave me very little choice."
(Lisa, 18).

Of those who had terminated an unplanned pregnancy, only two (7%) of the 30 girls said that they would have another abortion. Over half (16, or 53%) maintained

that they would have the baby should they become pregnant again, that they would not have another termination, because the experience they had just had was one they had no wish to repeat:

"Naw - I wouldn't go through that again - naw - I'd have it - I just wouldn't - alright one - I've destroyed one already - an it's experience an that - but I would never ever do it again - sorto it's just like oh no you've pushed your luck too far we're gonna have this one" (Laura, 16);

"I wouldnae get anither abortion - I dae hink I wid deserve tae hae anither abortion - if I didnae learn ma lesson this time there's nae way I'm goin tae hae an abortion the next time- I'll hae it - cause I mean that's just takin advantage o - takin advantage o it - cause by that time I'll be much older then an I'll hae - I'll think o what I've been through - an there's nae way I'll go gaun through this again - I'll no go killin anither bairn." (Lynn, 17).

The strong feelings about acceptable outcomes, and especially with regards to abortion, which were said to have affected the decisions of many of the girls, were attitudes which were congruent to that girl in the circumstances in which she found herself at that time, since they did not appear to be attitudes which they felt should hold good for others who might find themselves in similar situations.

In answer to the question "If one of your friends found out she was pregnant, what advice would you give her?", a question which was posed in order to establish how salient the particular outcome was to each girl who had an unplanned pregnancy, a total of eleven girls, that is, less than a fifth (17%), stated that they would strongly recommend either that the girl should either have the baby or have her pregnancy terminated. Two-thirds (43 out of 65, or 66%) were not prepared to say what anyone else ought to do. By far the most frequently given response, in that it was given by over a third (23, or 35%) was that the girl should make up her own mind, with just over a sixth (11, or 17%) saying that it would depend on the circumstances in which she found herself. A slightly smaller number (9, or 14%) declared that she did not know what advice she would give.

Of those who stated that they would advise on a particular outcome, ten (15%) said her friend should have the baby. Of these girls who recommended that the pregnancy should go to term, half (5, or 50%) had an illegitimate birth, two-fifths (4, or 40%) had a termination, and one a postmarital conception.

Only one girl, a sixteen year old whose baby was to be adopted, recommended that her friend should have an abortion. The advice given by another group (10, or 15%), mainly of the younger girls, was that the girl should tell her mother.

It would seem, then, that the vast majority of girls, although being able to rationalise their own choice of outcome, were not sufficiently committed to it to wish to impose it on others.

Finally, when asked to reflect on the effect the pregnancy had had on them, almost half (17 out of 35, or 49%) of the girls who had an unplanned baby maintained that it had been a good thing, with over a third (13, or 37%) declaring that it had been a mixture of both good and bad. There were only four girls (11%) whose unplanned pregnancy had gone to term who felt that it had been a bad thing; of these, three had an illegitimate baby, while the fourth had a legitimate baby which was conceived premaritally.

However, of those whose unplanned pregnancy was terminated, three-fifths (18, or 60%) said that there had been nothing good about their pregnancy, although well over a third (12, or 40%) reported having had mixed feelings about it (Table 7.4).

Table 7.4. Attitude to unplanned pregnancy by outcome

Outcome	Good	Bad	Mixed	Total
	Feelings			
Termination	-	18	12	30
Illegitimate birth	10	3	10	23
Premarital concep	5	1	2	8
Postmarital concep	2	-	1	3
Total	17	22	25	64

It is interesting to note that, of the twenty four girls who had unplanned illegitimate births, only three (13%) stated that the pregnancy had been a bad thing for them; ten girls (42%) said it had been a good thing, and a further ten (42%) reported that it had been a mixture of good and bad; one girl said she didn't know whether it had been a good or a bad thing.

The perceived benefits and costs of the pregnancy as given by those whose pregnancy went to term are shown below (Table 7.5). Almost a third (11 out of 35, or 31%) of the girls who had an unplanned birth were unable to name any aspect of the pregnancy that had been good.

(Note: In the following tables the totals add up to more than the numbers in each group since some girls gave more than one answer in a category.)

Table 7.5. Benefits of pregnancy: birth

Reason	Number
"Makes you grow up"	9
"It's been good thing"	5
Better relationship with parents	5
Having a baby	3
More attention	3
Better relationship with partner	1
other	1
Total	27

When compared with the reasons for continuing the pregnancy (Table 7.1), it can be seen that the benefits expressed by the girls have shifted from being, in the main, negative ones, such as being opposed to abortion and adoption, to being positive ones, like feeling good and feeling more adult.

It has to be remembered, of course, that these views on the pregnancy were being sought in the days immediately after the birth of the baby, so the attitudes were likely to be coloured by the sense of achievement and the exhilaration that most of the girls were experiencing at that time. It is also certain that, in the time between the confirmation of the pregnancy and the birth of the baby, an acceptance of the situation would have changed attitudes to it.

For the same reason, that is, the recentness of the

birth, the costs experienced are very different to those expressed earlier, with the physical aspects, such as high blood pressure, being fat, and feeling sick, featuring prominently (Table 7.6).

Table 7.6. Costs of pregnancy: birth

Reason	Number
Physical problems	8
Emotional problems	3
Limited opportunities	3
others	3
Total	17

As already stated, most (18 out of 30, or 60%) of the girls who had terminations felt that the pregnancy had been a bad thing. However, over a third (12, or 40%) maintained that the pregnancy had been a mixture of good things and bad things. Unlike their feelings when the pregnancy was confirmed, their perceptions of it at the time of interview focussed positively on the ability to conceive, and the improved relationships that had evolved because of the pregnancy.

Overall, though, the attitudes to the pregnancy were negative ones, since, for most of the girls, an unwelcome and unwanted pregnancy had forced them to confront problems they would have avoided gladly.

Table 7.7. Benefits of pregnancy: termination

Reason	Number
Being pregnant	4
Better relationship with partner	3
Better relationship with parents	2
others	3
Total	12

As one would expect, since the pregnancy in these cases was terminated, the number of costs reported (Table 7.8) were considerably greater than the benefits (Table 7.7). However, just at the time of the interview had a possible influence on the attitudes of the girls who had had babies, so it must be remembered that those who had abortions were interviewed on the day on which the termination took place, thus their perceptions are likely to be affected by their emotional state at that time.

Table 7.8. Costs of pregnancy: termination

Reason	Number
Regretted pregnancy	13
Physical problems	7
Emotional problems	5
"Learned a lesson"	5
Parental disapproval	4
"Too young"	2
Total	36

Discussion

For most of the girls in this study the outcome, once the pregnancy was confirmed, was already decided. It was accepted, having become pregnant, whether intentionally or not, that the pregnancy would go to term. The majority of these teenagers did not approve of abortion, and did not consider having one. Indeed even some of those who had their pregnancy terminated did not approve of abortion either, but they felt that their circumstances compelled them to have one. Almost universally, adoption was dismissed as an option. For the unmarried teenagers, marriage was not a factor that was of importance to many, since only a small minority wanted to get married once the pregnancy was known about. A number of the girls had rejected the offer of marriage, and many said they would not get

married for several years, if at all. The prospect of being a single parent did not seem to be a daunting one. Those who had an illegitimate birth felt, on the whole, that their lives would be "better" - that they would have someone to love and to look after, and that there would be a new purpose to their lives. Some, though only a few, did express concern about the responsibility of having a baby to look after, and the financial and social effects it would have. Overall these girls were very optimistic - sometimes unrealistically so - about their future.

For those who had had a premarital conception the situation was rather different. They had a more stable relationship when the pregnancy took place, and the majority reported that they would have been getting married to their partner in the relatively near future anyway. The pregnancy had simply hastened an event which was about to take place. Also, possibly because they were older than those who had illegitimate births, those who had a premarital conception tended to have a more realistic view of the future.

One of the main differences between the girls who had an abortion and those whose pregnancy went to term was their perception as to how they might cope with having a baby. While most of those who had a baby seemed to have no real qualms about their ability to take on the responsibility of caring for a baby, those whose

pregnancies were terminated felt that they were not in a situation where they were able to or wished to cope with a baby. Besides, as shown in Chapter 3, most of these girls were ambitious as far as the future was concerned, and they would be unable to achieve the academic qualifications or the particular job to which they aspired if they had a baby to look after.

Undoubtedly those who had the most difficult decisions to make were those who elected to have their pregnancy terminated. In many cases they had to go through a much more difficult process - both emotionally and logistically - in order to arrange the outcome of their choice.

As can be seen from the attitudes to the pregnancy, two-thirds of the girls (42, or 66%) in this study who had an unplanned pregnancy did not think that it had been a bad thing for them. They may not have thought it a unqualified "good thing" - more than half (25, or 39%) also felt that there had been bad things about it too - but their feelings were by no means completely negative. The only group for whom it was a bad thing for the majority was those who had their pregnancy terminated, of whom three-fifths (18 out of 30, or 60%) could find no positive aspect to it at all, but, even in this group, a considerable number, two-fifths, (12, or 40%) could find something good to say about the experience - in that it proved they could conceive, or because it

improved relationships with boyfriends or parents.

CHAPTER 8

THE ROLE OF SEX EDUCATION

Reid (1982) points out in his review of school sex education that any attempt to examine what is happening in British schools "is notoriously difficult owing to the problem of defining the term sex education". Attempting to find out what sex education had been given in Fife schools to the girls in this study met with similar difficulties. However, it was decided for the purposes of this study that "sex education" would be defined as any part of the school curriculum that the girl herself perceived as having something to do with what she understood sex education to be.

Many teachers would assert that sex education as a topic comes in to many subject areas at various times and at different stages, and this is in no way denied.

However, the extent of aspects of sex education in the curriculum, and its recognition as such by the pupils, may be two entirely different things. It must be emphasised, therefore, that the responses given by the girls are their subjective recollections, which may or may not have been accurate. Especially in the case of the girls who had not planned to become pregnant, the recall of what they had been told in school could well have been influenced by the situation in which they had found themselves.

The majority (66 out of 94, or 70%) of the girls in the

study reported having had some sex education at school, thus further dispelling the myth, namely, "the repeated claim by media "agony columnists" that ignorance is the chief cause of teenage pregnancy" (Reid, 1982).

The group in which the highest proportion (5 out of 15, or 33%) reported having been given no sex education was those who had had a premarital conception, and the lowest (9 out of 32, or 28%) was those who had had an illegitimate birth. There was very little difference, therefore, between the groups, with less than a third (30%) overall declaring that they had had no sex education while they were at school (Table 8.1).

Table 8.1. Extent of sex education in school:
 by outcome,

Outcome	<u>percentage distribution</u>		
	Some	None	Total
			(=100%)
Termination	71	29	31
Illegitimate birth	72	28	32
Premarital concep'n	67	33	15
Postmarital concep'n	69	31	16
Total	70	30	94

Most of those who stated that they had had no sex education said that they could not remember any mention being made of it.

However, several reported that they had not been present for the lessons:

"When we got it in science I was on holiday."

Louise (17);

"On a Thursday - I wisnae at school on a Thursday."

Heather (17).

For some, "sex education" was Section 6, which is the unit on reproduction in the first year Integrated Science course in Scottish secondary schools (see Appendix B), and contains only one small section on human development, which consists of two questions: first, naming the parts of the reproductive system; and second, naming the parts of the human embryo and asking about the protection of the embryo and how it gets food.

For others - a small minority - sex education was part of a comprehensive course on health education. For the majority of the girls who had some sex education, their experience lay somewhere between the two, with most getting a little more than Section 6, rather than a little less than an extensive course on health education, which included sex education.

Most of the girls were not satisfied with the content of what sex education they got in Section 6:

"Section 6 in science - 's no really much."

(Brenda, 17).

Josephine (16), Suzanne (16) and Elizabeth (19) reported that they did not find it helpful as far as

understanding what reproduction was about:

"It was Section 6 in first year of the science notes - the reproductive system - an it was all about pollen an flowers an everything - an I couldn't make head nor tail of it." (Josephine, 16);

"It was all about animals - just - locusts mating was internal or external - it was something like that - it was mostly just about that - middle of flowers mating - although we got - eh - pictures of the male organ and the female organ - an just to put where the ovaries were on a woman an that kind o stuff - that was about all." (Suzanne, 16);

"they were just ye know sorta how the babies grow an everyhin - an it was mostly chickens an mice an everyhin." (Elizabeth, 19).

Some girls - a very few, though - were quite happy with the sex education they had been given:

"Well we were shown a lot o films ken - folk gettin VD an everyhin - seen a film of a baby gettin born an a this - an she brought in hings like Durexes an everyhin - she showed - telt us about the coil an everyhin." (Karen, 19);

"I went to a convent school which in a way was good because we could go into more details of sort of feminine matters being an all-girls school - ... - but we went into quite a bit of detail though anatomy - the physical side of sort of conception -

contraception as well - we had - even though it was
a convent school we had talks on contraception."

(Marianne, 19)

Carol (18) reported:

"Ye got told everythin an that wis it - ... -
everythin from underage sex to the diseases ye can
get an that type o thing."

However, as will be seen, "everything" meant a fairly
limited range of topics.

When asked "Can you remember the sort of thing you were
told during these lessons?", the various topics that
were mentioned as being included in any of the sex
education that the teenagers had, were as follows:

Table 8.2. Specific topics mentioned

Topic	Number
Contraception	18
Human reproductive system	15
Birth of baby	11
Sexually transmitted diseases	6
Sexual intercourse	6
Animal reproduction	5
Conception	5
other topics (eg) puberty, relationships, pregnancy	11
Total (n=66)	77

It is interesting to note that even the most frequently reported topic, contraception, was included by a very small proportion - only just over a quarter (18 out of 66, or 27%) of the girls in the study, and that abortion, as a topic, was mentioned by no-one.

It might be thought that those who did not plan to become pregnant would be less likely to have had sex education than those whose pregnancies were intentional.

However, as Table 8.3. below demonstrates, this is not the case. The difference overall between the total group (Table 8.1), and those who had not set out to conceive is minimal.

Table 8.3. Extent of sex education in school:
 unplanned pregnancies by outcome
 percentage distribution

Outcome	Some	None	Total (=100%)
Termination	73	27	30
Illegitimate birth	75	25	24
Premarital concep'n	50	50	8
Postmarital concep'n	66	33	3
Total	71	29	65

It would seem that having had sex education made little difference to the girls in this study as to the chances of becoming pregnant unintentionally or not, in that the

proportion (71%) of those who had not sought to become pregnant was only very marginally different to the overall total (70%).

As Simms and Smith (1986) report:

"It seems that the sex and birth control education at present available in some schools does not even prevent those becoming pregnant who are reluctant to embark on motherhood."

Indeed, it could be argued from the above figures that sex education made it more likely that an unplanned pregnancy would be occur since more girls who had an unplanned pregnancy had sex education than not. This is a claim which is often made, but which cannot be substantiated by the evidence available (Went, 1985; Reid, 1982; Rogers, 1974; and others). However, before such a conclusion could be reached in this instance, it would be necessary to discover not only what was taught, and how it was taught, but, more crucial than either of these, what was learned.

As was shown in Table 8.1, more than two-thirds of the girls in the study reported having been given some sex education at school. However, not all of these girls felt that they had benefitted from it. Some felt they had learned something - that is, that they acquired information they did not already have - but some were of the opinion that they had not been taught anything they had not already known (Table 8.4).

Angela (15), for instance, reported that she had learned

nothing new, although she had obviously been to a school where contraception at least was taught in second and third year - and in some detail:

"Just showed us the sheath an coil an that - they gave us leaflets an that tae read an it showed ye how tae put the round hing - cap hing - whatever it is - showed ye how tae put it in - an the pill an that."

Table 8.4. Extent of knowledge acquired from sex education in school by outcome
percentage distribution

Outcome	Some	None	Can't remember(=100%)	Total
Termination	45	55	-	22
Illegitimate birth	35	52	13	23
Premarital concep'n	50	50	-	10
Postmarital concep'n	27	64	19	11
Total	39	55	6	66

As can be seen from the above table (Table 8.4), well over half (36 out of 66, or 55%) of the girls who reported having had some sex education at school said that had learned nothing at all in addition to what they already knew, and, if those who "can't remember" are excluded, the figure rises to 58%. This means that, of the whole group, little more than a quarter (26 out of 94, or 28%) were of the opinion that, while they were at

school, they had been taught anything new about aspects of sex education .

As has already been pointed out, "something", though, may not have been much.

Many of the girls said they were given very little.

"I got a film when I wis 13 an that wis it - that wis a we had." (Elizabeth, 19).

As Farrell (1978) states:

"One lesson on reproduction at the age of 13 would not, in most people's view, indicate that adequate information about sex was being provided."

The teenagers reported three major criticisms of sex education in school. One was the way in which the lessons had been presented. Often the girls were given a film or video or slides to watch, but the teacher did not followed it up with a discussion and/or an opportunity to ask questions. As Farrell (1978) states:

"Putting schoolchildren in a room with a projector as a substitute for a lesson can be a clear indication of teachers' reluctance to deal straightforwardly with the subject."

Several girls felt that this was the case:

"in 3rd year but they didnae dae it very guid - nuh - just stupit wee films - wee drawins - they dinnae teach ye - show ye wee films an everythin - but ye've no got the teacher that tells ye ..." (Lynn, 17);

"They never really telt ye nothin - we just watched the telly an that wis it - I mean they were just films they pit on an ye watched it - an when the

film wis finished that wis it - ken the conversation wis finished over an done wi but they widnae say nothin tae ye." (Laura, 18);

"Dinnae talk to you - you got a book sat doon in front of you and card and you had to answer questions - you got films and books and cards an that was all - they didn't sit doon and talk to you ..." (Sharon, 14)

Donna (17), too, reported that she felt that films were used instead of teaching:

"it was just films we got - I mean they didnae speak much tae ye about it - it wis just films an what they said through the projector that wis mainly about a that ye got - an it wisnae as if they'd say tae ye sortae write an essay or somethin about the film that ye'd just seen - that wis it ..."

The problem in Katherine's (17) class was that the teacher was embarrassed:

"It wis just on slide shows - he never spoke about it - cause it was a girls' group he had an he wouldnae talk about it - it wis just on slides an ye had to follow the slides - (did you ask?) - no because it embarrassed him ..."

Kim's (17) complaint was that a cartoon film on sexually transmitted diseases was shown in the main hall to a group of more than fifty pupils, and that the situation did not lend itself to a serious consideration of the topic:

"we got one in 4th year on venereal disease - an that was the whole of 4th year in the hall - which was more of a giggle than anything else."

The second major criticism was directed at the content of the sex education lessons.

Carol (19) was not pleased about the topics she had had:

"they more or less explained how a baby was made - an how it grew in the womb an things like that - they didn't - it was sex education but I think it was just really telling you how a baby was made - it didn't tell you sorta thing to prevent yourself from gettin pregnant sorta thing - I mean how to prevent it or anything like that."

Lynne (18) felt that too much time was spent on the anatomy and physiology of the reproductive system, and not enough time on the importance of relationships:

"some o them did try tae explain that there should be some love there - but I don't think it got through tae anybody - it wis maistly goin into yer uterus an penis - awfae like that - it's too kinda textbook kinda thing - they should try an put it across in a different way I hink."

Tina (18) felt that the whole emphasis on what she had been taught was, in her opinion, misplaced, in that only some aspects - mainly the negative ones - were dealt with:

"we weren't told about enjoyin sex - an just havin sex for the sake of havin sex - ... - they were ignorant of how to explain it - it was almost as if they didn't know how to explain it themselves - they made it sound disgusting - they made it sound as if it's not natural - they didn't put any feelin into it - you were told that was it - you weren't told any responsibilities - an you weren't told about precautions - in fact they didn't teach you anything anyway."

The third main criticism was directed at the teachers themselves. Some avoided some of the issues altogether:

"An then social an health education - they taught you a little bit - but the teacher we got was so old fashioned that he just skipped it all the time ..."

(Nicola, 15).

Some did not bother trying, or gave up trying.

Kathleen (19) maintained that not only did her teacher not teach about sex education, but also that he used the time to let the class amuse themselves, while he went to the staffroom for a cigarette:

"we had a sex education class that folk used tae go to - but we never ever spoke about sex education - we used tae sit an play games - ken hittin the coin over the table an everythin - cause the teacher ken he used tae go away fur a fag an everythin - never ever got sex education - he just couldnae care ..."

Karen (16) was unhappy because she had a teacher who was not willing to battle against an uncooperative class in order to get her message across:

"the teacher she wis useless - she wisnae useless but she wis awfae - dae ken - didnae bother whit we done - she wid just tell ye wance - an if ye didnae bother she says och well then sortae hing."

Other teachers failed to please the pupils either because of the message they were conveying, or because of the words that were being used. Josephine (16), who attended a Catholic school, felt that the teachers were being hypocritical:

"I mean I told my teacher that I thought it was crazy - I said there's nowhere in the Bible where it says that sex before marriage is wrong - I don't know if there is or not I had never had it said to me - he says oh it is wrong it is wrong - but I don't think it's wrong - and I think that in the school that I was at there should be more discussion on it and they shouldn't make it sound so bad - that sex before marriage is bad because probably all the teachers were at it before they were married anyway - you know what I mean."

Carol (19), on the other hand, complained about the language, that the everyday words that she and her friends used had not been made use of:

"... they never went into ony details about it - ken

they never telt ye - I mean - even fur the word sex
- it wis different - I mean we would say nookie or
somethin like that ken - maybe if they'd used they
type o words we could maybe understand it a wee
bittie better ken."

Went (1985) agrees on the importance of using the right
words:

"To facilitate communication on sexual matters, it
is necessary to provide an acceptable vocabulary.
There are many highly descriptive vernacular words
for sexual parts and acts, and it is helpful if a
teacher has some knowledge of these. ... Some
children may not have any other way of expressing
themselves ..."

Carol (19) went further and had some advice for teachers
about what they should teach in sex education. She felt
they should consider much more seriously the needs of
their pupils which they ought be aware of:

"They should think mair - what they should dae - the
teachers an that should dae is think on theirsels as
teenagers - it might be flamin difficult - but I
mean they'll hear about it - they hear plenty schil
talk workin in the schil - they should just hink
theirsels as teenagers - ... - I mean they just say
tae ye - ye're mair or less telt no tae get pregnant
- aye - ye're just telt no tae dae it - wait till
ye're married."

The two main groups of teachers who were involved in sex
education were guidance teachers, who are responsible
for pastoral care, and subject teachers. Guidance

teachers were said, in almost half the cases (47%), to be the person who was involved in teaching about aspects of sex education. However, just under a third (30%) of the girls mentioned a subject teacher - of biology, of home economics, of physical education, of history - and these teachers may also have been guidance teachers, although they were not identified as such (Table 8.5). It may also have been the case that more than one teacher had been involved in teaching aspects of sex education, but in only four cases was more than one teacher mentioned.

Table 8.5. Status of teacher of sex education

Status	Number
Guidance teacher	31
Subject teacher	20
Visiting speaker	8
can't remember	7
Total	66

A few of the teachers were identified as being, for a variety of reasons, good teachers of matters related to sex.

A female teacher was often said to be "good" if the pupils could identify with her, and found her approach a sympathetic one. Lynne (18), for example, approved of the teacher she had:

"our teacher wis quite good - because she'd come in

an she wis single an she'd tell you who she'd been out with at the weekend an everythin - you could get a laugh - you could've asked that teacher things - but male teachers wi females ye're no gonnae ask - I wouldnae - I never asked a male teacher aboot anyhin like that - I just kept ma mooth shut an wondered about it - but it wis mostly females in oor class an we asked because she wis young - she wis only in her twenties - but still ye were still embarassed - ... - she says is there any questions ye're wantin to ask - an she gave us all a piece of paper an she says write it down there an ye rolled it up an no names on it an ye put it in this box - she read oot the questions - ye know an there were some things ye know like ye know school the rumours that go aboot - stand up an ye won't get pregnant an a that kinda thing - there wis some o them like that - an she explained a that - an that wis kinda good thing because if you're just leavin - thae girls that might be 16 17 before they realise that's no true ..."

Sharon (14) also thought her teacher was understanding because of her teaching style:

"there was one teacher I got her once called Mrs - - she's the best teacher you could ever get - she's a history teacher - and she used to give you social and health an she used to - you never just got books sat down in front of you - she used to explain

things to you an that."

As the last question on sex education, every girl was asked, "If you could decide what information ought to be given in school, what topics do you feel should be included?". This question, which was asked in order to determine whether the girls were able to reflect on sex education in the light of their own experience, produced a variety of answers, with many of the girls giving considered and lengthy responses.

Almost a fifth (18 out of 93, or 19%) stated that they thought that "everything" about sex education should be taught. However, almost all (16 out of 18, or 90%) of the girls who gave this answer had had an unintended pregnancy, so their response may well have been a reaction to their situation.

The single topic thought most important by the whole group was "contraception" with two-thirds (61 out of 93, or 66%), (including those who wanted "everything" taught) of the girls nominating it, with "family and parenthood", and "relationships", being the next most often mentioned topics, both being given by 24% of the group. Any other topic was nominated by considerably less than a third of the total group (Table 8.6).

Table 8.6. Specific topics mentioned

Topic	Number
"Everything"	18
Contraception	43
Family and parenthood	12
Relationships	11
Sexual intercourse	8
Sexually transmitted diseases	6
Conception	6
other topics (eg) abortion, birth of a baby, pregnancy	19
"Nothing"	13
Total	123

The word "everything" although meaningful to the girl who suggested it, conveyed little. In each instance the girl who gave such a response was asked to explain what she meant. Most of the girls, however, found it difficult to be specific. For example, Lynn (16) said:

"I think they should go into depth about everythin - cause I never knew you could get pregnant the first time - an different things like that - I donno - things like that."

However, the range of topics given to explain what was meant by "everything" was very limited - the two topics mentioned most were "contraception" and "intercourse",

with "the birth of a baby", "pregnancy", "abortion" and "conception" each being given by only two girls respectively out of the eighteen. "Everything", then, did not mean giving explicit details of sexual behaviour, but providing what was seen by the respondents to be essential information in order to prevent an unplanned pregnancy, which most had experienced.

Isabel (17), who had had an illegitimate baby, maintained that she conceived on the first occasion she had intercourse. She declared:

"Everything possible - ... - on the girl's behalf you should never give in to a boy sort o thing - I think they should warn them about that - and how easy it is to become pregnant the first time - could always be pregnant as for me ..."

The outcome of Helen's (17) pregnancy was a termination, but her reasons were similar:

"Everything - I think there should be everything - there's no point in telling them some things - ... - I think they should be told maybe about abortion - but not of course to take that for the best thing - just to tell them about it - it's just one thing - it's one possibility - that one of theyse - I'm not saying that any of them will - it's just one thing that might happen to them some day - I thought Helen it'll never happen to you..."

These teenagers (18 out of 93, or 19%), who thought that "everything" should be taught, then, felt, for a variety of reasons, that there should be no restrictions - within fairly narrowly defined limits - on what should be taught:

"Everythin - I think they should be telt everythin - because there are just some mothers that'll just no tell their bairns aboot it - like they should tell them a things instead of some things ..." (Agnes, 19);

"I think they should have a lot more - ye know specific details - on everythin - not just bits an pieces - everythin - ... - maybe if they were to talk - go further - an talk about the girls when they actually do get pregnant - cause they do - an discuss things like abortions an havin the baby an adoptin it - an maybe show clips of people that have had abortions an things like that - ken maybe make them more determined not tae." (Maria, 18).

Many of the teenagers, though, suggested specific topics rather than just saying "everything", with most reflecting their own previous lack of knowledge:

"Well they never gave us anything about abortions and having babies and that - just to do with things about facts of growing up - never really done anything in real life sort of ken - I think they should put mair stuff aboot younger girls getting

pregnant - aboot abortion an that - and aboot
contraceptives." (Carol, 16);

"if they'd maybe go into a bit more detail - I mean
they just say tae ye - ye're mair or less telt no
tae get pregnant - aye - ye're just telt no tae dae
it - wait till ye're married - ... - that's what I
think they should say - go intae mair detail aboot
sex an things like that." (Carol, 19).

Concern about relationships and responsibility were
recurrent themes.

"Well likes o when we got sex education at school it
wisn't a matter of sexual relationship - it was how
a baby ye know occurs - that sortae thing - fair
enough - but it doesnae go into details about how ye
should be careful who ye choose an things like that
- an contraception it's just a sortof glimpse over
it'll say aye there is this that an the next thing
ye can use for contraception - it doesn't go into
any detail whatsoever - how ye should use it an what
effect it might have - an things like that - I think
that should be in a lot more detail than it is in
schools." (Louise, 18);

"I hink they should maybe gaun on mair aboot the
emotional side o things - instead o just the
physical." (Teresa, 19).

For Tina (18), too, the emphasis of school sex education
was wrong:

"They should teach them the actual responsibilities of havin children - an havin sex with either the right chap or the wrong chap - or just an occasional flirt - an they should teach them that sex is not just bein an object - 's not just for the woman to be on her back an the man does what he wants an that's it - there's no feelin - there should be feelin in between two people to actually have sex - oh you do get the person that just wants sex for sex - I think they should be more responsible about it - an teach a lot younger - an also teach - it should be a lesson that's taught to them like English - it should always be told - not just once but it should be repeated - each year - they should be told as they get older they'll understand it more an it should be explained more - ... - they should actually see what life is - because they're going to grow up into a big bad world once they're out of school - that's generally what it is - a big bad world - an they've got to learn."

Marianne (19) also felt that it was essential that the focus should be on responsibility:

"if I was to put together sex education for children I'd put more emphasis on the emotional ties - I'd also put emphasis on the responsibilities because people say things like - well a girl of 16 isn't responsible enough to have a baby - well if a girl of 16 is responsible enough to have sex then she has

to take responsibilities that go with that - an that's the way I see it - ... - so I think that if you're going to tell them about contraception you can't just leave it at that - you've got to tell them the rest as well."

Irene (18) was the only girl who mentioned the importance of educating the partners:

"I hink they should teach them a wee bit mair - like gie them films aboot likesa women havin babies - ken - an how tae care for them - or what tae expect - or what no tae expect - things like that - I think they should teach them mair things aboot that - an same wi the men - what responsibilities men have - no just havin one night o fun an then walkin away - an they've no got nothin tae worry aboot sorta thing - they should teach them mair o that - instead o just yer normal films about smokin an drinkin an drugs."

Marie (19), further, was alone in saying that she thought that teaching about sex was the responsibility, not of teachers, but of the parents:

"I think the whole works - everythin - but I think it should be more your mother an father tellin you than school - cause at school it just was laughed at an ruined - sort of not taken seriously - but I think they should know everythin from step one to films on girls havin babies - give them everythin -

so leave nothin out an tell them everythin - depend on their ages - take them from step one."

Many of the girls, as well as responding to the question about what should be taught in schools (Table 8.6), gave reasons for their answers in support of some particular aspect of sex education:

"a lot of schoolchildren are having underage sex - for their sake they should be teaching it at school - well I found out just from like friends telling me about their experiences about sex and saying they were on the pill an that - but I didn't really know anything about it - my sister she sort of told me about quite a lot of things - but that's about it - I just had to sort of find out for myself."

(Hayley, 18);

"I think it should be told in first year actually told all about that because people nowadays - I'm not speaking for myself - but younger girls at school - 13 and 14 year olds do have sex I know from my school - and I think you should tell them quite young what's happening - ... - also they should tell them about the consequences of what happens - you know either or you end up like this - cause we weren't told anything about this." (Hazel, 17).

There was a great deal of concern that sex education was not being given early enough. Many of the girls

reported that they knew of young girls - some not even teenagers - being sexually active, and the general consensus was that sex education, particularly with respect to contraception, should be given before third year:

"I think they should actually get it when they first go tae high school - not maybe 2nd year 3rd year - 1st year - ... - ye know cause there is a lot of young really young kids tryin to experiment ..."

(Maria, 18)

Elaine (16) agreed that first year was the right time to start having sex education:

"I think it should be given a little earlier - in this day an age than it is - just as you go into the high school I think ..."

Pamela (18) and Hazel (18) felt that second year was more appropriate:

"I wouldnae too early - maybe 2nd year - not 1st year - 2nd year aye - about contraceptive an things like that aye" (Pamela, 18);

"I think you should tell them quite young what's happening then - I think that things like just sex and so forth - and contraception should be - I think when you go into well maybe second year they should start tellin them about that ..." (Hazel, 17)

Madeline (19), too, thought that second year was the correct time:

"I think tae learn aboot contraceptives at aboot 12

13 would be a reasonable age ..."

Quite a number of the girls, besides naming topics, had suggestions as to the approach which ought to be taken.

Some were concerned about the moral aspects:

"I think it should be done in such a way that it's not encouraging - that girls and boys should be made aware really thinking about what they're doing because it's not very pleasant if you ... - well I don't know but I could imagine it wouldn't be pleasant if you were sleeping around and caught a disease - made aware of the fact that it's not all it's not really - well it is super - but it's not as easy and it really can - ... - the boys I know they think it was great to finally lose their virginity - but for me it was not great ..." (Josephine, 16);

others concentrated on the pedagogical ones:

"it should be explained - shouldnae just put a book doon in front o ye - tell ye tae get on wi it cause hauf the words ye dinnae understaun - and if you look up a dictionary it's no got hauf of the words in it." (Sharon, 14);

"I remember gettin a list of all forms of contraception rattled off - an eh none of them meant anythin to you - half o them you didn't even know what they were talkin about - an I think an explanation for each one an how it is used properly would help - because things were just rattled off an

ye went out an it was a case of standin in the
corridor goin what's that - what is it - I mean ye
didn't know what it was ..." (Tracy, 18);

and still others emphasised the political aspects of
access to contraception and responsibility for its use:

"Well they're no needin taught aboot sexual
intercourse cause they're already daein a that - but
I think they should teach them aboot the
contraceptives - cause if they're willin tae have
sex they should get that - but there's that ban that
they're no giein them the pill before you're 16 -
really it's mair or less the government's faut as
well that they young folks fallin pregnant because
they're just no giein them the pill - ken but even
though the boyfriend could go to the chemist -
there's no a lot o them'll dae it - it's usually the
lassies that's got tae dae a they kind o things -
there's a lot o men against thae sorts o things -
it's the woman's job - ken so they're really needin
tae teach them aboot that I would think - I think
contraceptives - but no the sexual intercourse cause
they ken a that ..." (Jeanette, 19).

Lynne (18) felt that the style of presentation was very
important:

"I don't know really how they should put it across -
more in an easy-oasy manner instead o with facts
aboot it - I don't know really - I wouldn't like to
be a teacher - ... - our teacher ... she wis quite

good - she says is there any questions ye're wantin to ask - an she gave us all a piece of paper an she says write it down there an ye rolled it up an no names on it an ye put it in this box - she read oot the questions - ye know an there were some things ye know like ye know school the rumours that go about - stand up an ye won't get pregnant an a that kinda thing - there wis some o them like that - an she explained a that - an that wis kinda good thing because if you're just leavin - thae girls that might be 16 17 before they realise that's no true - ... - there wis certain wee things you believed because everybody does when you're at school - ken a the wee stupid things that go about - ... there wis an awful lot of things about sex at school that folk used to say."

A proportion of the girls elaborated on the problems surrounding the teaching of sex education; not least the lack of attention that many teenagers paid to it:

"I don't know - ... - but everybody sortof knows - from the gossip that goes round about everythin there is to know about sex an that - ... - but they don't tell you anythin about abortions or things like that - they tell you about the precautions an about the pill an everythin - an where you can get it - but nobody takes an listen to it - maybe just to stress it a bit more - films of the consequences

- I think it's the consequences that needs stressin more ..." (Nicola, 15);

"The consequences it could have - I mean I think in school they should teach you first - before you think about goin that far in a relationship - think about it seriously first - an if ye're goin to have that kind of relationship do somethin to make yerself safe before ye do - cause I think most people think oh I don't need to bother wi that - I'm quite safe - I won't fall pregnant - ... - but I don't think there's really very much ye can tell the next generation about sex because they seem tae know it already - it's quite surprisin just how much they actually do know before you even think about tellin them ..." (Debbie, 17)

There was, perhaps, a surprising number of girls (13, or 14%) who felt that sex education in school was unnecessary, either because, by the time the schools got round to it the girls already knew what was being taught, so it was too late:

"I think everybody kens everythin they're gonnae tll you anyway - they dae tell you anythin ye dae ken anyway." (Rhona, 16);

or because it was felt that it was not going to make any difference as to the way the teenagers would behave:

"Well there's no much ye could say because if you're goin to have sex wi somebody ye're just goin to go

ahead an do it without whether they talk to ye or no
- cause yer mum an dad tries tae stop ye but it
doesnae seem tae help - ... - well there's no really
use - naebody's listenin anyway - apart from them
fallin pregnant before they get their first talk."

(Paula, 17);

"Donno - no really - cause I mean at the age you're
at when you're at school ye're no listenin - I mean
cause it's obvious that boys grow up slower than
girls - an then it's mixed classes an when they get
somethin like that a they do is sit an laugh -
nobody's really payin any attention - so I dinnae
think it does any good - I honestly dinnae think it
does any good - I think what ye learn ye learn
yerself ..." (Lesley, 17).

When comparing the topics the girls felt ought to be
taught (Table 8.6.) with those they remembered having
been given (Table 8.2.), it is seen that there is a
considerable difference between the two lists.

"Contraception" is the most frequently mentioned topic
in both tables, but, while just over a quarter (27%)
recalled having been taught about it in school,
two-thirds (66%) felt it ought to be taught. However,
the next two most commonly suggested topics, "family and
parenthood" and "relationships" hardly featured in the
reported lessons in school. This contrasts with "the
human reproductive system" which was taught to almost a

quarter of the girls (15 out of 66, or 23%), but was not mentioned specifically by anyone as a topic which ought to be taught.

It is difficult to compare this study with Farrell's (1978) - not least because she interviewed boys as well as girls - but also because, in her case, a check list was given to those she interviewed, whereas, in this study, the topics were provided by those being interviewed. It was likely, therefore, that the list prompted some of the responses. Further, her list of topics was more extensive. The reason for this could be, as she explains:

"our definition of sex education topics may have been wider than theirs (the teenagers)."

However, the conclusions from both studies are undoubtedly the same. As Farrell states:

"The comments from the young people suggest that there is room for improvement in terms of the age at which lessons are provided, the amount of detail and topics discussed, and teacher presentation."

This sentiment is echoed by Simms and Smith (1986):

"An examination of the content of sex and birth control education currently available in schools is long overdue."

Discussion

Went (1985) is of the opinion that:

"Every human being has to make decisions about sex, even if one of these decisions is not to become actively involved. Young people have the right to information which will help them make the best decisions for the particular circumstances they are in at the time; develop skills enabling them to

take responsibility for their own behaviour and gain understanding and insight into the emotional, social and moral factors involved in human sexuality."

Few people would argue with this statement. But many might not agree that the school is the correct place, and the teachers the appropriate people, to impart the relevant information and to help the teenagers acquire the necessary skills.

However, since many parents are either unable and/or unwilling to talk to their children about matters relating to their sexuality, schools have found themselves being responsible, for better or for worse, for educating pupils about sex.

It is a common mistake, however, to imagine that teenagers, who receive the necessary information neither from their parents nor from the school, remain ignorant on such matters. From very early in their lives children are living in a society of which sexuality is a part, and so, from a wide range of sources, including their peers and the media, but most particularly their family, they are subjected, often unconsciously, to experiences in which they acquire knowledge about and attitudes to sexual relationships.

It would seem, therefore, that to be more successful, schools must do more and do it better. Only then will young people, like those in this study, be in a better position to cope with their sexuality, and to make informed choices about sexual activity, in the full knowledge as to what the possible consequences, both

good and bad, of such behaviour could be.

However, having the knowledge is not enough. The crucial problem is to motivate teenagers to use the knowledge they have in an fitting way.

Two of the girls, who exemplified the essential difficulties confronting those educating young people to cope with a sexual career, said that they thought that "everything" about sex education should be taught at school .

Both girls reported that they had had learned about many aspects of sex education at school.

Suzanne (16), whose one experience of intercourse resulted in a pregnancy which was terminated, said that she had been unable to associate herself with what she had learned because at that time she had no intention of getting involved in any kind of sexual activity:

"I laughed at them - but I never thought anything like this would happen to me - in fact I just took it for granted that this wouldn't happen to me - it would happen to other girls - but I was wrong, - (why did you laugh?) - because I wisnae going to do it in the first place - and it just happened."

Carol (18), who had a premarital conception, had been sexually active for about two years, but had used contraception only "now and again". According to her, the problem was not lack of knowledge, but the inability to use effectively the knowledge she had:

"... I mean the education couldn't have been any

better at the school I was at ye know - everythin was clear in my mind - I knew what was happenin - I understood everythin - an as I say I must have been awful shy - I was embarassed to go to the doctor - that was it."

The dilemma of sex education, then, is not only how to inform young people adequately, but also how to motivate them to use this information appropriately in order to behave responsibly, and to give them the skills to do so.

One of the aims of sex education particularly relevant to this study is the promotion of responsible behaviour - that is, respecting oneself and others, taking responsibility for one's actions and the consequences of these actions, being involved only in sexual activity that is wanted, and using contraception appropriately and effectively unless a pregnancy is sought.

As Reid (1982) concludes in "School sex education and the causes of unintended teenage pregnancies - a review":

"Success in reducing the level of unintended teenage pregnancies by educational (as opposed to technological) means, calls for the pursuit of two separate objectives:

- (i) encouraging youngsters to defer sexual activity to an age of greater maturity and deeper, more loving, relationships.
- (ii) encouraging those who nevertheless become active, to use effective contraception from the time of first intercourse."

The findings of the Fife study would endorse this statement, but the problem for educators is how to

effect these laudable objectives when, firstly, there is considerable social pressure to become sexually active, and, secondly, when so many teenagers perceive the costs of contraception to be so high.

CHAPTER 9

CONCLUSIONS

There is a great deal of concern in Scotland, as there is in many other countries, about the number of teenagers who become pregnant, and especially about those who conceive unintentionally. However, while considering those who do become pregnant, it must not be forgotten that the vast majority of teenagers do not become pregnant.

In Scotland in 1984 the abortion rate per 1000 women aged 16-19 was 15.6 (Scottish Health Statistics, 1984), and the fertility rate per 1000 women aged 15-19 was 28.6 (Registrar General Scotland, 1985). This means, then, that during that year some 955 out of every 1000 Scottish teenagers did not become pregnant.

Further, not all teenage pregnancies are unplanned. Of those who do become pregnant, a proportion, as in this study, some married some not, had intended to become pregnant.

It is inevitable, though, that, through a combination of factors - be they curiosity, love, ignorance, opportunity, indecision, desire to please, passivity, lust, to name but a few - some teenagers will find themselves having an unplanned pregnancy.

One cannot treat teenagers who become pregnant as a homogeneous group, not least because factors like age and marital status have a considerable influence on the

girl's situation and on her perception of it. The implications of a pregnancy for the older teenager, because of her greater physical and emotional maturity, are rather different to those for the younger teenager in terms of how she might cope with it and what her decision regarding the outcome might be. The implications are also different for the teenager who is already married or has planned to get married, compared to the teenager whose relationship is still developing, or those who do not have an on-going relationship, as far as future security and emotional and financial support are concerned.

In this study four groups of teenagers who had been pregnant were interviewed - three of them, those who had had an illegitimate birth, a premarital conception or a postmarital conception, had continued with the pregnancy and had a baby, while the fourth group had their pregnancy terminated.

However, although the outcome for three of these four groups was the same, each had certain distinguishing features. Those who had an illegitimate birth and those who had an abortion tended to be younger than those who had a legitimate birth.

The girls who had a termination tended to be more highly qualified academically and were more ambitious than those whose pregnancy went to term, and they saw the pregnancy as interfering with their plans for the future. Also, they were more likely to have a boyfriend

who had a white collar job, who, therefore, was more likely also to be ambitious. Further, they were more likely to report that they perceived that their family was not a particularly close one; this is demonstrated by the fact that well over a third (12 out of 31, or 39%) of the parents had not been told about the pregnancy.

These findings are in line with previous studies. However, one way in which the Fife girls who had an abortion differed from those in other studies was in terms of background. It is usually reported that girls who have terminations are more likely to come from a middle class family, as those from working class families have been found to be more likely to disapprove of abortion. However, in this study no such difference was found. The girls who had an abortion, like the other teenagers, came almost exclusively from a working class home. As has been pointed out earlier, though, it is not known how many girls from Fife may have gone elsewhere during this period to have an abortion, and it may be that these girls who chose not to use the local NHS facilities were more likely to be from middle class families.

Apart from their higher level of aspirations, what seemed to differentiate those whose pregnancy was terminated from those whose pregnancy went to term was their perception of their ability to cope with the responsibility of looking after a baby. It would appear

that the girls who had abortions were more fully aware of the long-term consequences of their unplanned pregnancy, and they were not prepared to accept the responsibility at the time they had their pregnancy confirmed. However, it is impossible to know how many of these girls may have given this reason in order to justify having followed a course of action which was rejected by the majority of their peers.

This concern about coping with a baby certainly did not seem to be linked to the extent of the relationship with their partner because over three-quarters (77%) of the teenagers who had a termination claimed to be "going steady" or to be engaged, compared to less than two-thirds (63%) of those who had an illegitimate birth.

The vast majority (76 out of 94, or 81%) in the study were pregnant for the first time, but a fifth (18, or 19%) of the girls had already been pregnant, of whom two had been pregnant twice before.

A third (29 out of 94, or 31%) of the girls interviewed stated that they had intended to become pregnant, of whom two-thirds (19 out of 29, or 66%) were pregnant for the first time. All of those who had a planned premarital conception (7) were pregnant for the first time, as were three-quarters (6 out of 8) of those who had a planned illegitimate birth. However, less than two-fifths (5 out of 13, or 38%) of those who had a postmarital conception were pregnant for the first time.

More than half (10 out of 18, or 56%) of those who had been pregnant before were girls who had a postmarital conception. The remaining girls had an abortion (4 out of 18, or 22%) or had an illegitimate birth (22%).

However, it was reported that these second or third pregnancies were, in the main, by design rather than accident, since the majority (12 out of 18, or 67%) were said to be planned pregnancies.

Most (8 out of 10, or 80%) of the teenagers who had postmarital conceptions had planned to conceive again, as had half of the girls who had an illegitimate birth (2 out of 4, or 50%). None of the girls whose second pregnancy had ended in abortion, however, said that she had planned to conceive.

Almost without exception the reason the girls gave for the planned second or third pregnancy was that they wanted to have their family completed while they were "young". They felt it would be to their advantage, and to the advantage of their children, that there was only a small gap between pregnancies. To this group of girls another pregnancy within a short space of time from the previous one was earnestly sought and welcomed.

The reason why the Fife teenagers had become pregnant was that they had had intercourse but had not used contraception or had used contraception ineffectively. Less than a third (27 out of 94, or 29%), though, had

never used contraception, and the majority (16 out of 27, or 59%) of these girls were the younger ones who had become pregnant as a result of having had intercourse on three occasions or less.

However, just under a third of the teenagers maintained that they had been using contraception around the time that they conceived, and so had been trying, if unsuccessfully, to control their fertility. Just less than a third (29 out of 94, or 31%) of the girls in the study stated that they had planned to become pregnant, and so if these girls are not included, it is seen that in almost half (43%) of the unplanned pregnancies an attempt had been made to avoid such an eventuality.

As far as contraception is concerned, then, the reasons for nonuse by the teenagers in the study whose pregnancies were unintentional had very little to do with not knowing about contraception, or where to go to get it, since, as has been stated already, less than a third (29%) had never used contraception, and only 4% of the girls in the study were unable to name at least one source.

It had, however, everything to do with the perceived costs of contraception. The costs described by the Five teenagers were, not surprisingly, because of their relative inexperience as contraceptors, different to those reported by the women in Luker's (1975) study. Whereas both groups gave "side effects" as the most important cost, Luker's subjects reported "concrete" -

that is, specific - ones, while the teenagers were concerned about the more vague "general" ones - ones that they said they were anxious about. The teenagers second most frequently reported cost was that of "obtaining" the contraceptive, but this was not nearly so important for the Californian women, most of whom, of course, had been using contraception for a considerable period of time.

It is impossible to ascertain to what extent these costs of contraception put forward by the teenagers are reasons or excuses. However, the motivation is of importance since it matters why these girls said they chose not to use contraception, because if the use of effective contraception is at the centre of the prevention of unintended pregnancy, then it is these costs to which attention must be addressed.

One factor which is not given by Luker as a reason for not using effective contraception is that of the sense of invulnerability described by some of the teenagers. They seemed to feel, for no clearly definable reason, that they would not conceive, no matter how often some might have had intercourse. A phrase which recurred throughout the interviews was "I never thought it would happen to me". It seems that, having risked having unprotected, or intermittently protected, intercourse and having got away with it, the girls then believed themselves to be safe from conception. This attitude,

of course, is likely to be one that is favoured by teenagers rather than the more sexually experienced women.

A factor which had little bearing on the extent of the use of contraception and the outcome of pregnancy in this study was that of religion. Only a small proportion of the girls claimed to have religious affiliations, and only a handful made any reference to a church and its teachings when describing the factors that had been influential in deciding on the outcome of the pregnancy. It is the case that less than a tenth (8 out of 94, or 9%) of the teenagers said they were Roman Catholics, and so this was not an important influence as far as use of contraception or attitudes to abortion were concerned.

A second factor which played little part in the nonuse of contraception was the prospect of marriage. Only (9 out of 62, or 15%) of those who did not use contraception anticipated that they would marry should they conceive. No longer is it expected that the partner should "do the decent thing" by offering to marry the girl should she become pregnant. Further, several girls who were given the opportunity to marry rejected the offer. The rejection of marriage as one of the consequence of unplanned pregnancy is a common occurrence. Indeed in this study it took a considerably

longer period of weeks to find and interview fifteen girls who had a premarital conception than it did to find and interview twice as many girls who had an illegitimate birth. As Bury (1984b):

"an increasing number of young women have chosen to continue their pregnancy and cope on their own even without a stable relationship".

An unintended pregnancy, then, was not seen as sufficient reason for getting married unless it was felt that the partner was responsible enough and the relationship was strong enough to sustain marriage. There did not seem, either, to be any undue pressure from the families. Illegitimacy obviously had little, if any, stigma in the communities in which these girls lived.

On confirmation of the pregnancy, over a third (23 out of 65, or 35%) of the girls who had an unintended pregnancy declared that they experienced what Macintyre (1977) described as a "crisis response" - that is, they were not at all happy about it. These girls in the main were those who had a termination (over half (53%) of those who had abortions) or had an illegitimate birth (25% of those who had an illegitimate birth). However, many (41%) reported that they had mixed feelings, including a third (33%) of those who had a termination, and almost a half (45%) of the girls who had an illegitimate birth. This "partial crisis" response demonstrates quite clearly that a considerable

proportion of unplanned pregnancies are not perceived by the girls as an unmitigated disaster, but that they were seen to have some positive aspects, even if they were destined to be terminated. Further, there were some girls (14%) who were happy to be pregnant even although they had not planned to conceive. This group included, perhaps not unsurprisingly, over a third (38%) of the unplanned premarital conceptions and a third (33%) of the unplanned postmarital conceptions, but it also included a sixth (17%) of illegitimate births.

At the beginning of this study the question of teenage pregnancy being defined as a problem was considered. Several authors (Luker, 1975; Macintyre, 1977), however, have stressed that there may be many positive aspects to not only intended but also unintended pregnancy, and as can be seen this was also the case in this study. The benefits expressed by these girls included having proof of their fertility and securing the relationship with their partner. Also several of the teenagers, most of whom had been unemployed or had an unskilled job, perceived motherhood as worthwhile since, in their eyes, it gave them status as an adult within the community and it gave them responsibility for another human being who needed them.

As Simms and Smith (1986) report:

"For many young women early motherhood provides virtually the only opportunity to attain self-respect and adult status, even when this is undertaken in the most adverse circumstances."

The achievement of status in the community through pregnancy is not, of course, a new phenomenon. But when many young people are unable to make their mark in society through work, finding themselves unemployed or in unskilled work for long periods of time, and as a consequence suffering from a lowered self-esteem, the acquisition of status in a way that is possible for them, for some teenagers must make motherhood even more attractive than it might otherwise have been.

The decision to continue with the pregnancy or to terminate it was a simple one for many of the girls as the outcome was already decided before it was confirmed that conception had taken place. For those - almost a third of the teenagers (28%) - whose pregnancy was planned and wanted there was no question of doing anything other than proceeding with the pregnancy. Further, there was a small group of teenagers who had no decision to make about the outcome because the pregnancy was too far advanced before it was confirmed. For the majority (59%), though, whose pregnancy was neither planned nor wanted there were three options. It was possible for them to continue with the pregnancy and keep the baby or have the baby adopted, or they could have the pregnancy terminated. For many no consideration was given to the outcome being anything other than that the pregnancy would go to term, because of the rejection of abortion and of adoption as an

alternative. Adoption as an outcome was only considered seriously by two girls in this study, and only a few others said that they had given this option even a passing thought.

Abortion was rejected out of hand by the vast majority of those whose unintended pregnancy went to term - indeed a few of the younger girls had concealed their pregnancy because they feared that once it was known that they were pregnant that, because of their age, they would be compelled to have an abortion. A typical response by many of the teenagers to the confirmation of pregnancy was that it was perceived that pregnancy was a result of doing something that they probably ought not to have done, and as a result the consequences, whatever they might be, were accepted philosophically.

It is often reported, as in Simms and Smith's (1986) study, that some teenagers are forced to continue with their pregnancy because they are unable to arrange to have their pregnancy terminated - Simms and Smith reported that 5% of the girls in their study had been refused an abortion. In the Fife study, however, not one of the girls who had a pregnancy which went to term reported that she had tried to have an abortion. It is difficult to believe that every girl in that part of Fife who wanted to have an unwanted pregnancy terminated was able to arrange it, particularly in the light of the stories of the difficulties encountered by some of the

girls who had problems arranging a termination.

However, it may have been that, because of the proximity of the area to both Dundee and Edinburgh, any girl who was refused permission to have an abortion could have gone to either of these cities where it could perhaps be easier to make the necessary arrangements.

Those who wished to have their pregnancy terminated, though, had to make many decisions. They were compelled not only to make a decision to alter the natural course of events once conception had occurred, but also to make the necessary arrangements to cause the change to happen. For almost all of these teenagers, then, the decision to seek this particular outcome was stressful. It was often not an easy one to carry through because, not only did some of these girls themselves disapprove of abortion and so had to come to terms with going against deeply held attitudes, but also these teenagers had to find two doctors who would agree that the pregnancy should be terminated and so would put their signatures to the necessary form.

Contrary to popular opinion, abortion is not available on demand, but many of the girls reported that the procedure they had to follow in order to arrange to have an abortion was quite simple and straightforward.

However, as already mentioned, there were some - over a quarter (28%) - who saw a doctor who was less than sympathetic to the situation in which the girl found herself, and so the trauma of an unwanted pregnancy was

made even more traumatic.

As far as the partner's role in the decision about the outcome was concerned, it seemed that in many instances his wishes were not taken into consideration. In over an eighth (14%) of the cases the partner who made the girl pregnant was not informed about the pregnancy and therefore was unable to express an opinion. A similar number of partners who knew of the pregnancy and had the opportunity to state their preferred outcome found their wishes disregarded. With only a very few exceptions, in the cases of unplanned pregnancy, it appeared that it was the girl, or occasionally her parents in the case of the younger girls, who decided whether the pregnancy should continue or not. Overall the partners seemed to be very shadowy figures who were mentioned infrequently, and were peripheral to the pregnancy and its outcome.

Parents did not always play an important part in the decision regarding the outcome, especially for the older teenagers. In only just over a third (35%) of the unplanned pregnancies was the parent the first person to be told, and in over an eighth (14%) the parents was not told at all about the pregnancy.

In many cases, of course, the parents agreed with the choice of outcome, so there was no conflict. But in some cases the parents played an important role in making the decision, sometimes disregarding the wishes

of the girl concerned, and, in one case, not even discussing with the teenager what she felt the outcome should be.

Just over a quarter (28%) of the girls maintained that they came from a "very close" family, but a slightly larger number (29%) reported that their family was "not very close". Also, few of the teenagers reported that they discussed matters related to sexual activity and contraception with their parents.

It is often suggested that it is the responsibility of parents to educate their children about sexual activity, and that parents should be more open with their children about sexuality. However, the problem is one of communication, especially concerning embarrassment.

Parents find it difficult to discuss such matters with their children because they have problems coping with the fact that their children are beginning to be sexually active, while children find it difficult to discuss such matters with their parents, particularly when it concerned their burgeoning sexuality. Without an atmosphere of mutual trust and regard, teenagers are not likely to confide in their parents, and it seemed that for most of the Fife teenagers such an atmosphere did not exist in their homes.

Most of the Fife teenagers had not been sexually active for very long before they became pregnant. More than half (52%) of the girls had become pregnant within a

year of first having intercourse, and over three-quarters (76%) within two years. Also, they tended to have had intercourse at a fairly early age. Among these teenagers more than a third (34%) admitted that they had intercourse for the first time before they were sixteen years of age, with twelve being the youngest reported age, and almost three-quarters had had their first sexual experience by the time they were sixteen. As Zabin et al (1981) report:

"Early age at initiation of intercourse appears to be the key factor in explaining a high risk of pregnancy."

In this study three out of four of those who were under sixteen conceived on either the first or second time they had intercourse, as did almost half (6 out of 13, or 46%) of the sixteen year olds.

However, when sexual activity first occurred, it seems that it had not been anticipated. When asked why intercourse had occurred on that first occasion, more than two-thirds (70%) said that it had not been planned, and most reported that either it "just happened" or they did not know why it happened. Just over a tenth (11%) admitted that their first sexual experience was planned. Further, although more than two-thirds (71%) declared that they had been willing to have intercourse on that first occasion, only a very small proportion (15%) of the teenagers stated that they felt happy afterwards. Two-fifths (40%) of the girls reported that they thought

that there was no possibility of becoming pregnant on that first occasion. Just over a quarter (28%) had used some method of contraception and felt that they were protected by that, but the remainder who believed that they would not conceive, over a tenth, thought either that it was not possible to conceive on the first occasion, or that "it wouldnae happen tae me". As eight girls (9%) in the study discovered, it is possible to get pregnant the first time they had intercourse. Just under three-quarters (72%) of the girls in this study, then, had unprotected intercourse on that first occasion and therefore were at risk of conceiving. Also, since just under half of those who used contraception used a nonmedical method, they too ran the risk, if a smaller one, of becoming pregnant. Therefore almost nine-tenths (86%) of these girls ran the risk of conceiving as a consequence of their first sexual experience.

The contraceptive use on the first occasion of intercourse by these Fife girls is considerably less than that of 43% reported by Smith (1983). However, it is not known whether those in Smith's study had planned that intercourse should take place, or whether contraception was more accessible to them, or whether they were more willing to use it effectively. It is a fact that teenagers tend not to use contraception until they feel that their relationship is an established one. Much time and effort has been spent

on trying to encourage them to acquire contraception before intercourse takes place for the first time, but this seems to have met with little success, mostly because many girls feel that they would be labelled as promiscuous, and appear to be "available".

It is difficult to see how these exhortations to use contraception could be made more successful when the first episode of intercourse for most teenagers appears not to be premeditated. However, if teenagers could be persuaded to delay the onset of sexual activity, then it would be more likely that they might use contraception. Quite how this could be achieved, though, given that there is no strong social disapproval of premarital intercourse, allied with the pressures on young people to become sexually active, is uncertain.

In less than one in five cases (18%) did that first experience of intercourse take place in the girl's home.

Over half of the girls (55%) reported that they were at the boy's house. It is not known whether this was from choice or whether the girls felt more constrained to give in to their boyfriend's wishes when they were in his house. Or it may be, as has been reported earlier, that boys are subject to less adult supervision at home than girls, so that, if the opportunity arose when intercourse could take place, it was easier to have the necessary privacy. It could be, then, if parents exercised the same control over boys as they do over

girls then there would be fewer opportunities for teenagers to have intercourse in their homes.

The prevention of pregnancy among teenagers, then, is an impossible aim, not least because a considerable number of these pregnancies are planned, and many of the unplanned ones are welcomed. It is not impossible, though, to try and prevent some of them.

If these Fife teenagers are typical of teenagers as a whole, then the past emphasis on the "problems" of pregnancy is misdirected, since the perceived benefits of pregnancy for many of these girls outweighed the perceived costs of contraception. It would, therefore, only be when these benefits can be replaced by equally acceptable and rewarding benefits of contraception that some teenagers would be motivated to avoid an unintended pregnancy. Until then the attraction, for a proportion, of pregnancy and motherhood remain considerable.

In this study almost a third of the girls stated that they were using some form of contraception around the time they conceived, so, if they had used a more effective method or had used an effective method efficiently, they would not have conceived when they did. It is therefore essential that those who are trying to avoid pregnancy should be given all necessary help and guidance to do so. Further there were those who were not properly informed about the risks of

pregnancy. It would seem, then, in order to prevent such unintended pregnancies that a two-pronged attack is necessary - the provision of appropriate sex education and of appropriate services for contraception.

It is widely suggested that sex education is one of the main answers to unplanned teenage pregnancies, and it certainly appears that many of the girls who became pregnant unintentionally had very little sex education at school. However, very few of these girls became pregnant because they did not know about conception or contraception. They, for their own reasons, though, did not put what they knew into practice.

The task for those involved in education, then, is not only to inform but also, more importantly, to give the teenagers the skills necessary to enable them to take control of their sexual careers. This would allow them to decide about what they should do, and make them less susceptible to external pressures. Certainly many of the girls' sexual activity was reported to be in response to their partner's wishes, rather than their own. It is important that girls should learn to be as assertive as boys and so have the ability and the confidence to behave in the way they feel is appropriate, and with which they are comfortable. This increase in self-esteem would also, hopefully, involve having the confidence to use the available services to obtain contraception. It is not an unrealistic aim.

However, it would be necessary to change the whole climate of opinion regarding the use of effective contraception by teenagers, with doctors and parents viewing its use as a responsible act, rather than one to be deplored or discouraged. It would also require teenagers who wished to avoid pregnancy to accept the use of contraception as an integral part of their sexual activity, rather than as the optional extra it is for many at the moment.

A further change would be concerned with the means whereby teenagers could get contraception easily and obtain good and sympathetic advice about it. It is not suggested that there are no clinics in Scotland in which such help is given, but these tend to be few and far between, and they were certainly not reported as being available to the girls in this study.

However, in order to succeed, those who are concerned with educating young people about sexuality, and those who are responsible for providing contraceptive services for teenagers must listen to what these young people are saying they want and need, however irrational it may appear to them to be. This would mean the provision of a service for young people that is very different in the main from that to which they have access at the moment.

It is only when the teenagers' views on sexual activity and on contraception and pregnancy are taken into consideration that concerned adults might get somewhere

in helping teenagers who did not wish to risk an
unplanned pregnancy from doing so.

APPENDIX A

I am working on a project about teenagers who become pregnant.
I would therefore like to ask you some questions about your own experience, the background to it, and how you felt about it.

May I start by asking you a few questions about yourself?

First of all -

1. How old are you? What is your date of birth?
2. Was this your first pregnancy?
(if no - collect details)
3. Are you single or married?
(if single - boyfriend
steady boyfriend
engaged

if married - when?
how long married?
how long had you known him?

What is your husband's normal job?
(self-employed with employees -
25+/
self-employed without employees
manager - 25+/
foreman/supervisor
other employee -
white collar
blue collar skilled/unskilled
unemployed
- collect details)
4. Are you a member of any religion?
Do you go to church?
(if yes - how often do you attend?
once a week
once every two or three weeks
once a month
several times a year
a few times a year
very rarely)

5. Are you still at school, or have you left school?
(if still at school - GO ON TO Q 6
if left school - GO ON TO Q 10)

-*-*-*-*-*

IF STILL AT SCHOOL:

6. What year are you in?
Have you any O grades?
Do you hope to sit any?
Have you any Highers?
Do you hope to sit any?
Have you any other qualifications?
(collect details)
7. When are you able to leave school?
When do you plan to leave school?
8. Do you intend to have any further education or training once you leave school?
(if no - what do you hope to do?
(collect details)
if yes - what do you intend to do?
MSC course
O grades
Highers
OND/ONC
HND/HNC
secretarial training
nursing
catering
teacher training
university
other - collect details)
9. Can I ask you - Did anyone at school know about your pregnancy?
(if yes - who and what was their reaction?
were any special arrangements made for you?
if yes - what and why?)
Do you intend to go back to school?
(collect details).

GO ON TO Q 19

IF LEFT SCHOOL:

10. When did you leave school?
Which year were you in?
Why did you leave school then?
Were you happy or unhappy to leave, or did you have mixed feelings? Probe for details.
11. Have you any O grades or Highers?
(collect details)
12. Since leaving school have you had any further training?
(if yes - what have you done?
MSC course
O grades
Highers
OND/ONC
HND/HNC
secretarial training
nursing
catering
teacher training
university
other - collect details)
13. During the time between leaving school and now have you done any paid work?
(if yes - what have you done?
collect details)
14. Was this the sort of job you had planned to have?
(if not - what had you hoped to do?)
15. Can I just check - what is/was your normal job?
(self-employed with employees - 25+/
self-employed without employees
manager - 25+/
foreman/supervisor
other employee - white collar
blue collar
skilled/unskilled
unemployed
collect details)
16. If working - how long have you had this job?
Do you like it or would you rather be working somewhere else?
(collect details)

17. If not working - are you hoping to find a job soon?
18. Have you had any other jobs?
(if yes - collect details)

-*-*-*-*-

19. Can I now ask you - what do you hope to be doing in
- say - 5 years time? What do you think your life
will be like then?
If not married - do you hope to get married some
day?
If so, have you any idea when and to whom?
Where do you think you will be?
Will you be living at home or will you have a home
of your own?
If own home - what kind of house will it be?
(probe for details)

-*-*-*-*-

Can I now ask you some questions about your family?

20. Would you tell me about your family.
Tell me about your parents.
Have you any brothers and sisters?
Are they older or younger than you?
(collect details)
21. Would you say that your family is -
very close
close
not very close?
22. Would you say that your parents are -
very close
close
not very close?
23. Do you live at home or have you your own home?
(if at home - how many people live there?
who are they?
do you have your own room?)

if elsewhere - where do you live?
if relevant - do you share with anyone?

24. What is/was your father's normal job?
(self-employed with employees - 25+/
self-employed without employees
manager - 25+/
foreman/supervisor
other employee - white collar
blue collar
skilled/unskilled
unemployed
collect details)
25. Does your mother have a job?
(collect details - if head of household, ask
questions above)

-*-*-*-*-

Now I'd like to ask you some questions about the
relationships you had before you became pregnant.

May I start by asking you about your boyfriends/husband?

26. Was the boy who made you pregnant the first boy
you'd had intercourse with, or had you had
intercourse before?
If no - how many boyfriends have you had
intercourse with?

Now can I take you back to when you first started going
out with your (first) boyfriend/husband, and to the
first time you had intercourse.

27. How old were you when you first had intercourse?
How old was your boyfriend?
Had you known the boy long?
How long had you been going out with him before you
had intercourse?
28. Can you remember anything about the first time you
had intercourse?
Had your boyfriend tried to have intercourse with
you before?

- (if yes - why did you say no?)
Can you remember why you were willing to have intercourse on that occasion?
Did you really want to or not?
(probe for details)
What was different about that occasion?
(probe for details)
29. Can I ask you - do you think it's a good thing to have intercourse before marriage, or do you think it would be better if people waited until they are married?
(probe for reasons)
30. Had you intended to have intercourse with your boyfriend that day?
(if yes - how long had you planned it?
where/when - probe for details)
Do you think he had intended to have intercourse with you?
(if yes - what makes/made you think that?)
Or did it just happen?
Why do you think it happened?
Can you explain your reasons for letting it happen?
31. Why do you think it happened when it did?
Was there anything special or different about that occasion?
(probe for details)
Where were you? Were you at home/at his house/at a friend's/... ?
(collect details)
32. Immediately after it happened, how did you feel?
Were you happy or unhappy, or did you have mixed feelings?
Can you describe your feelings to me?
Did you feel the same way the next day?
(probe for details)
33. Did you discuss how you felt with your boyfriend?
(if yes - what did he say?)
34. Can I ask you - did having intercourse change your relationship with your boyfriend at all?
(if yes - in what ways?)
35. Did you go on having intercourse with your boyfriend?

(if yes - how often? - regularly?)

36. When you started having sexual intercourse, did you ever feel there was a chance of your becoming pregnant?

(probe - strong or weak possibility, or no possibility?

did you mind the fact that you might get pregnant?

why do you think that was?

if yes - did you talk to anyone about this or not?

if no - why do you think that was?

collect details)

-*-*-*-*-

IF ONLY ONE PARTNER, GO ON TO Q 39.

-*-*-*-*-

Can I ask you about your other boyfriends? (collect details about each)

37. How long had you known him before you started going out with him?

Did you have intercourse with him?

(if yes - can you remember how long it was after you started going out with him that you had intercourse?
how often did you have intercourse?
- regularly? - now and again?
collect details)

What age was he?

What was his normal job?

Why did you stop going out with him?

Can I now ask you about the boy who made you pregnant?

38. How long had you known him before you started going out with him?

What age is he?

What is his normal job?

How long was it after you started going out with him that you had intercourse with him?

If relevant - Did you have intercourse regularly?
(collect details)

Does he know you became pregnant?

Are you still seeing him?

(if yes - are you seeing him more or less than before?

if no - can you tell me why you stopped going out with him?)

Had you planned to get pregnant or not?
(probe for reasons)

Now I would like to talk to you about a slightly different topic.

There are various ways that a couple can avoid pregnancy.

39. Did either you or your partner use any method of contraception before you became pregnant?
(if yes - what did you use?
did you discuss it, or did you or your boyfriend just take care of it?
IF MEDICAL METHOD, GO ON TO NEXT QUESTION
IF NONMEDICAL METHOD, GO ON TO Q 48
if no - GO ON TO Q 55)

IF MEDICAL METHOD USED:

40. Why did you decide to use ?
Where did you get from?
How long was that before you became pregnant?
41. How did you feel about going to get ?
Did you have regular appointments?
Did you feel that the staff at the clinic/surgery were helpful?
(probe for details)
Are there any ways in which you think they could have been more helpful?
42. On the whole do you think enough information is provided for people like you round here about family planning services or not?
(if no - in what ways do you think things could be improved?)
43. Did you feel that was 100% reliable when you started using it?
Did you have any doubts about using ?

(if yes - what were they?)
Did you ever hear anything bad about ?
(if yes - what did you think of that?)

44. Was there anything you disliked about using ... ?
(collect details)

45. What do you think happened then? How did you
become pregnant?
Had you stopped using ?
(if yes - probe for reason
if no - probe for details of method failure
if trying to get pregnant - how long had you
used contraception before you stopped?)
And once you stopped, how long was it before you
became pregnant?

46. Before that did you always use , or did you
sometimes take a chance?
(if sometimes took a chance - did you ever
discuss with your boyfriend the fact that
you were taking a chance?
why do you think you were willing to take a
chance?
probe for reasons)

47. What do you think were the advantages (benefits)
for you of using contraception?
Were there any good things from your point of view?

What were the disadvantages about it for you?

IF "UNPLANNED", GO ON TO Q 59
IF "PLANNED", GO ON TO Q 64.

IF NONMEDICAL METHOD USED:

48. Why did you decide to use ?
If appropriate - where did you get from?
How long had you used it before you became
pregnant?

49. Can I ask you - what places do you know of that
give advice on contraception that you could get to
easily?
Do you know of anywhere at all that gives advice on
ways of preventing pregnancy?

What places or people do you know of?
(collect details)

50. Did you feel that the was 100% reliable when you started using it?
Did you have any doubts about using ?
(if yes - what were they?)
Had you ever heard anything bad about ?
(if yes - what did you think about that?)
51. Was there anything either of you disliked about ?
(collect details)
52. What do you think happened, then? How did you become pregnant?
Had you stopped using ?
(if yes - probe for reason
if no - probe for details of method failure)
If trying to get pregnant - how long had you used contraception before you stopped?
And once you stopped, how long was it before you became pregnant?
53. Before you became pregnant did you always use, or did you sometimes take a chance?
(if sometimes took a chance - did you ever discuss with your boyfriend the fact that you were taking a chance?
why do you think you were willing to do so?
(probe for reasons)
54. What do you think were the advantages for you of using contraception?
Were there any good things from your point of view?
What were the disadvantages for you?

IF "UNPLANNED", GO ON TO Q 59

IF "PLANNED", GO ON TO Q 64.

IF NO METHOD USED:

55. Why do you think you didn't use contraception?
Did you ever talk about using contraception with your boyfriend?
Do you think there was any reason for not using contraception, or did it just happen that way?

(if "just happened" - did you know that you
would get married if you became
pregnant?)

56. What do you think were the advantages for you of
not using contraception?
Were there any good things from your point of view?

What were the disadvantages for you?

57. May I just check - what places do you know of that
give advice on contraception that you could get to
easily?
Do you know of anywhere at all that gives advice on
ways of preventing pregnancy?
What places or people do you know of?
(collect details)

58. Can I ask you - how long had you been having
intercourse before you became pregnant?
Why do you think you didn't become pregnant sooner?
Can you suggest any reasons why you think you
didn't?
(collect details)

IF "PLANNED", GO ON TO Q65

IF PREGNANCY "NOT PLANNED":

59. Before you became pregnant did you think there was
any possibility of your becoming pregnant or not?
(if yes - a slight chance or a high risk?
how did you feel about the chances at
the time?

60. Were you worried about the possibility of becoming
pregnant?
Before you discovered you were pregnant, were you
on the lookout for signs of pregnancy?
When you realised you might be pregnant, had you
been expecting it at all?

IF RELEVANT:

61. Did your boyfriend know that you felt you might become pregnant?

Did you talk about it at all?

(if no - why not?

if yes - what did he say?)

62. I wonder - sometimes women are glad when they become pregnant.

When you became pregnant, do you think it is possible that you really wanted to have a baby, without admitting it to yourself?

(if yes - probe for reasons

if no - would you say it was

a complete accident

a kind of accident on purpose

or did you not mind if you became pregnant?)

63. Do you think you would have felt differently or done anything different had you become pregnant before then?

(probe for reasons)

GO ON TO Q 65

IF PREGNANCY "PLANNED"

64. May I ask you - why did you decide to have a baby?

(probe for reasons)

Why did you feel that it was the right time to become pregnant, do you think?

Can you explain to me what you think will be the advantages of having a baby?

And what will be the disadvantages?

-*-*-*-*-*-

Now I would like to ask you some questions about how you felt when you thought that you were pregnant.

65. When you discovered that you might be pregnant - that is before you had a pregnancy test - did you feel good or bad about the possibility of being pregnant, or did you have mixed feelings?

66. Did you tell anyone you suspected you were pregnant, before going for a pregnancy test?
(if yes - who did you tell?
what did they say?
did you tell your mother or father?
what did she/he say?
did you tell your boyfriend?
what did they say?
if no - why not?)
67. Where did you go for a pregnancy test?
(GP or clinic - probe for reason)
68. Before you saw the doctor, did you know it might be possible to have a termination?
(if yes - did you consider a termination?
if so, when?)
At that time did you know anyone who had had a termination?
- IF RELEVANT, ASK Q 69 - 71
69. Did you discuss with anyone the possibility of having a termination?
(if yes - who did you talk to first?
what did they say?
did you talk to anyone else?
if no - why not?
collect details)
70. Did you discuss with anyone the possibility of having the baby?
(if yes - who did you talk to first?
what did they say?
did you talk to anyone else?
if no - why not?
collect details)
71. If boyfriend not mentioned:
Did you talk to your boyfriend about the possibility of having a termination or about having the baby?
(probe for involvement in decision
what did he think about your having a termination?
did he encourage you to have a termination,
or did he want you to have the baby,
or did he not mind?)
72. How did you get the result of your pregnancy test?

Did the doctor tell you the result in person?
(if yes - what did he/she say?
if no - who told you?)

May I now ask you about how you felt once the pregnancy was confirmed.

73. When you knew definitely that you were pregnant, did you still feel good or bad, or did you have mixed feelings?

74. Who did you tell first that you were pregnant?
What did they say?
How long after you knew did you tell them?
Who did you tell next?
(probe for details)
(if relevant:
when did you tell your mother/father?
what did they say?
when did you tell your boyfriend?
why then?
what did he say?)

75. If result received from doctor - Did you discuss what you wanted to happen about your pregnancy then, or did you make an appointment to see the doctor later?

If result received from other - Did you make an appointment to see a doctor about the pregnancy?

When you saw the doctor what did you say to him/her?

Did you discuss having a termination on this first visit?

(if yes - who brought up the subject?
if no - when did you first discuss termination with a doctor?
was that the same doctor?
if no - probe reason for change)

IF RELEVANT, ASK Q 76 and 77

76. Did anyone know you were pregnant and thinking of having a termination?

(probe - family, friends,
if yes - did anyone say you were doing the right thing?
did anyone say you were doing the wrong thing?

77. Did anyone know you were pregnant and planning to

have the baby?

(probe - family, friends,

if yes - did anyone say you were doing the
right thing?

did anyone say you were doing the
wrong thing?)

78. Can I now ask you -

why did you decide to - EITHER - have a
termination?

OR - have the baby?

Can you remember your reasons?

(probe for details)

Of these, which were the most important ones to
you?

Have any of your friends/relations (sister) been
pregnant?

What did she/they decide to do, and why?

IF OUTCOME ILLEGITIMATE BIRTH, GO ON TO Q 84

IF PREMARITAL CONCEPTION, GO ON TO Q 92.

IF POSTMARITAL CONCEPTION, GO ON TO Q 99.

IF OUTCOME TERMINATION:

Now I would like to ask you some questions about your
decision to have a termination.

79. Can I ask you how you went about arranging the
termination?

Was it easy or difficult to arrange?

(collect details)

Who did you go to see about it?

What did they say?

Did you have to go on to see anyone else?

How helpful were they?

(collect details)

80. Who knew you were definitely going to have a
termination?

What did they say?

Did they agree with your decision or not?

How did you feel about that?

Can I ask you - was there ever any suggestion that
you should get married because you were pregnant?

If yes - whose idea was it - yours or his, or did
you both think you should?

Did anyone else suggest you should get married?

(if yes - who)
Why did you decide not to get married?

81. Can I ask you how you felt when you knew that you were definitely going to have a termination?
Were you pleased or sorry, or did you have mixed feelings?
(probe for details)
82. How soon after you knew you were pregnant was it arranged for you to have the termination?
(collect details)
83. Do you think that having had a termination will make any difference to you or not?
Do you think you will behave any differently in the future?
(probe - feelings/behaviour/attitudes)

GO ON TO Q 104.

IF ILLEGITIMATE BIRTH:

Now I would like to ask you about your pregnancy.

84. Can I ask you how you went about arranging to have the baby?
Was it easy or difficult to arrange?
(collect details)
Who did you go to see about it?
What did they say?
Did you have to go on to see anyone else?
How helpful were they?
(collect details)
85. Who knew you were definitely going to have the baby?
What did they say?
Did they agree with your decision or not?
How did you feel about that?
86. Can I ask you how you felt when you knew you were going to have a baby?
Were you pleased or sorry, or did you have mixed feelings?
(probe for details)

87. And how do you feel now about having been pregnant?
Have your feelings about it changed at all, do you think?
88. Have you any thoughts about the difference having a baby will make to your life?
Will it make it better or not so good, do you think?
89. Some girls have a baby but decide they aren't able to look after it.
I wonder - did you ever think about having the baby adopted?
 (if yes - what decision did you come to, and why?)
Has anyone suggested that you should have the baby adopted?
 (if yes - who was it, and what reasons did they give?)
90. Can I ask you - was there ever any suggestion that you should get married because you were pregnant?
If yes - whose idea was it - yours or his, or did you both think you should?
Did anyone else suggest you should get married?
 (if yes - who)
Why did you decide not to get married?
91. Do you think you will get married sometime?
 (if yes - when would you like to get married?
 what age would you be then?
 if no - why do you think you won't get married?)

GO ON TO Q 104.

IF PREMARITAL CONCEPTION:

Now I would like to ask you about your pregnancy.

92. Can I ask you how you went about arranging to have the baby?
Was it easy or difficult to arrange?
 (collect details)
Who did you go to see about it?
What did they say?

Did you have to go on to see anyone else?
How helpful were they?
(collect details)

93. Who knew you were definitely going to have the baby?
What did they say?
Did they agree with your decision or not?
How did you feel about that?
94. Can I ask you how you felt when you knew you were going to have a baby?
Were you pleased or sorry, or did you have mixed feelings?
(probe for details)
95. And how do you feel now about having been pregnant?
Have your feelings about it changed at all, do you think?
96. Have you any thoughts about the difference having a baby will make to your life?
Will it make it better or not so good, do you think?
97. How soon after you knew you were pregnant was it decided you should get married?
Whose idea was it - yours or his, or did you both think you should?
Did anyone else suggest you should get married?
(if yes - who)
98. Once it was definitely decided you would be getting married, how did you feel - were you pleased or sorry, or did you have mixed feelings?
(probe for details)

IF POSTMARITAL CONCEPTION:

Now I would like to ask you about your pregnancy.

99. Can I ask you how you went about arranging to have the baby?
Was it easy or difficult to arrange?
(collect details)
Who did you go to see about it?
What did they say?
Did you have to go on to see anyone else?

How helpful were they?
(collect details)

100. Who knew you were definitely going to have the baby?
What did they say?
Did they agree with your decision or not?
How did you feel about that?
101. Can I ask you how you felt when you knew you were going to have a baby?
Were you pleased or sorry, or did you have mixed feelings?
(probe for details)
102. And how do you feel now about having been pregnant?
Have your feelings about it changed at all, do you think?
103. Have you any thoughts about the difference having a baby will make to your life?
Will it make it better or not so good, do you think?

-*-*-*-*-*-

104. Can I ask you - what would you do if you found yourself in the same or a similar situation some time in the future?
Do you think you would make the same decision again?
Why?
105. And if one of your friends found out that she was pregnant, what advice would you give her?
106. What effect has this pregnancy had on you, do you think?
Has it been a good thing or a bad thing, or has it been a mixture of both.
(probe for reasons)

Can I finish off by asking you a few questions about school.

107. Did you have any sex education at school?
(probe for details)

108. How much sex education did you get?
(several lessons per term/ one lesson per
term/several lessons per year/ one lesson
per year/ less than one/ none)
(IF NONE - GO ON TO Q 112)
109. Who took these lessons?
Was it - a guidance teacher
a subject teacher
a visiting speaker
other
(collect details).
110. Can you remember the sort of things you were told
during these lessons?
(collect details).
111. Were you told things you knew already, or did you
learn some things you didn't know?
112. If you could decide what sorts of information ought
to be given in sex education lessons in school,
what things would you want to be included?
(collect details).

THANK YOU FOR YOUR HELP.

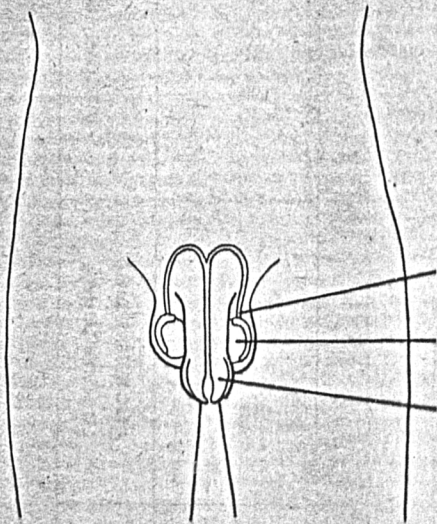
APPENDIX B

Human development

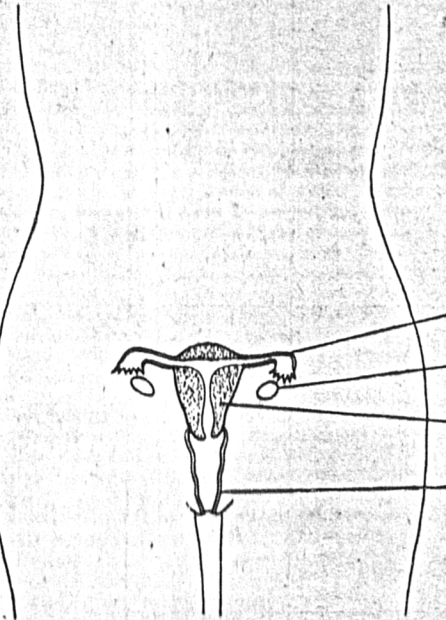
6.6

1 Reproductive system

Name the parts.



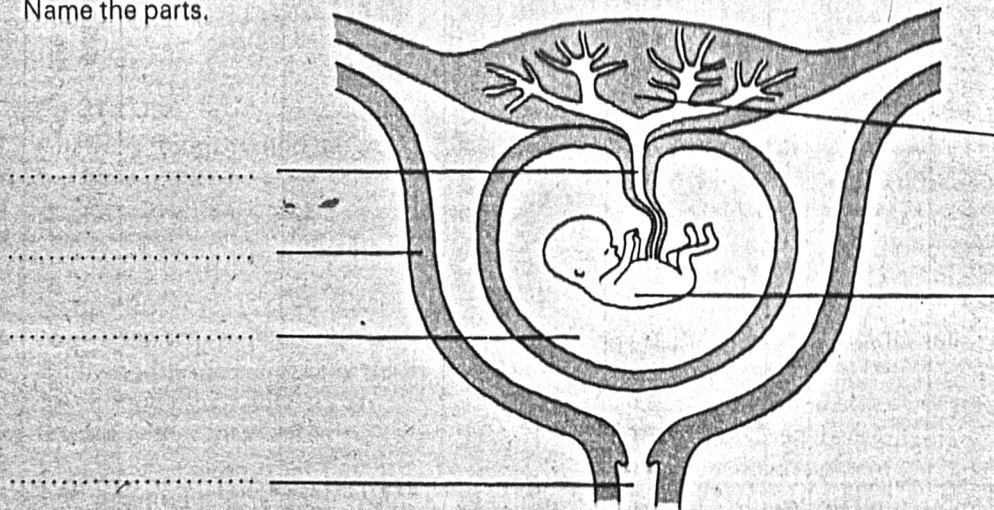
human male reproductive system



human female reproductive system

2 The human embryo

Name the parts.



In what three ways is a human embryo protected?

1.
2.
3.

How does it get food?

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